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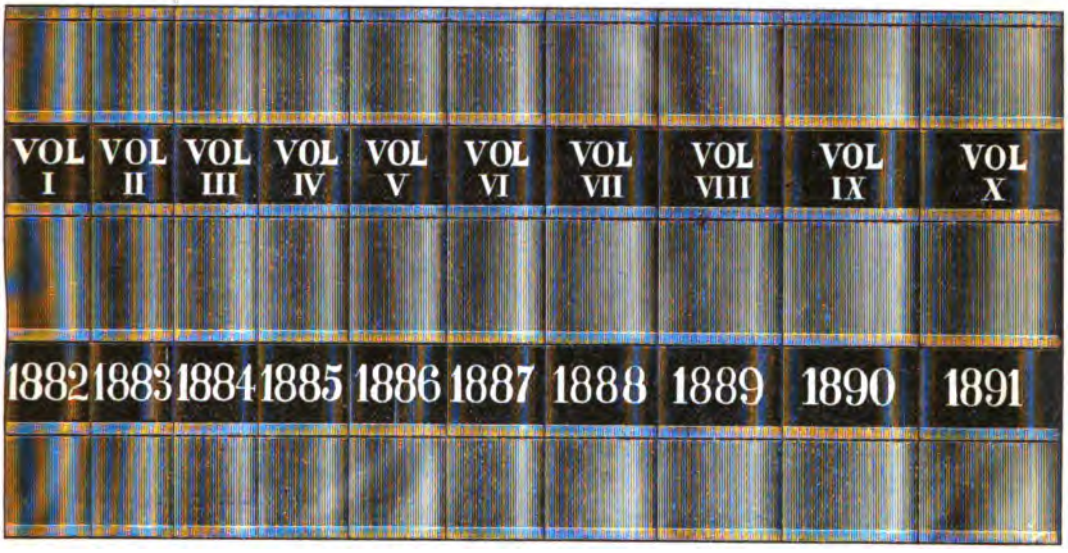

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ORIGINAL

Laparotomy in Intestinal Obstruction with Special Reference to Adhesive Bands.

BY LEWIS SCHOOLER, M. D., DES MOINES, IOWA.

Professor of Surgery, Iowa College Physicians and Surgeons.

Written expressly for THE MEDICAL HERALD.

Intestinal obstruction from whatever cause is a grave affection, and while it is no doubt, frequently relieved by medicines or mechanical means, and that too without the cause of obstruction being very clearly made out, all cases do not result so favorably, and the aid of the surgeon is called for usually as a last resort, and last resort surgery is generally bad surgery. We propose in this paper to endeavor to give the statutes of surgery in a single class of cases due to only one or two causes, these in our opinion are seldom or never relieved except by surgical measures. Authors for whose opinions we have the highest regard, state that they have undoubtedly relieved intestinal obstructions due to adhesive bands by other than surgical measures. In these cases it must be remembered that owing to the difficulties necessarily encountered there is always the liability of a mistake in diagnosis, and in every case wherein operation has been undertaken whether the obstruction was acute or chronic, from benign or malignant causes. I have not seen anything that leads me to conclude that anything short of a single procedure will afford any prospect of relief in any except in those cases where the adhesions are of the most recent formation, and even in these cases we sometimes have to open the abdomen during the height of an acute peritonitis, or allow our patient to perish from the effects of a very recent formation of an organized lymph band. Another important consideration in these cases is that they constitute one-fourth of the cases of obstruction, in this calculation are included those cases where a loop or knuckel of intestine has slipped through a rent or slit in the mesentery.

The symptoms of obstructions from adhesions do not differ in the least

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from thse due to other forms, therefore, without the assistance of any pathognomonic symptoms, we are frequently obliged to resort to laparotomy in order to ascertain the cause of the obstruction which is of itself a confession of our inability to determine that the difficulty in the cases that are relieved by medical and mechanical means were due to adhesions, where there is a history of a single violent or repeated attacks of peritonitis followed by obstruction. The case may be very reasonably attributed to the effects of the formation of adhesions, especially is this the case where exudation is known to have most certainly occurred. Localized peritoneal inflammations and inflammations of other structures not primarily involving the peritoneal membrane are sometimes equally effective in the production of adhesions. Many of these, however, may have been so slight that they are readily forgotten by the patient, and the surgeon looses their assistance in arriving at a conclusion.

Occasionally an inflammation of the appendix may be the cause by reason of adhesion of its free extremity to the band as reported by Agnew, and my own experience accords with this. And in perforative inflammation of the appendix giving rise to general peritonitis, I have seen complete obstruction near the caecum, and on the other side at the sigmoid flexure. In these cases there is frequently extensive adhesion of the coils of the small intestines one with the other without any tendency to produce obstruction, which is a very fortunate circumstance for both patient and surgeon.

Bands of organized lymph in many cases no doubt have little or no tendency to become firmer or contract, while in other cases the obstruction at first is only partial, but generally becomes complete. In one case, at least, I was able from the history of the case to correctly diagnose such a state of affairs, operation was declined, the patient perished, and the autopsy verified the diagnosis. In this case medicines and mechanical means were relied upon long after it was evident to every one except his medical adviser that they could accomplish nothing.

Adhesions of any portion of the intestinal tract are dangerous *per se* but those of the transverse colon and the deodenum are believed to be far less amenable to surgical measures than any other portion though they are not necessarily fatal as evidenced by a very grave case in my own practice.

A few words may profitably be said as to the time when an operation should be resorted to. In all cases it is perhaps proper to resort to the usual medical and mechanical measures for relief, but their employment should be carefully watched and the moment it is apparent that no good will result from their use is the proper time for operative procedures. This will usually be evident to a careful and competent observer before the powers of the patient have become so far exhausted that he is unable to undergo the ordeal of a surgical operation.

When decided upon, I think there can be very little difference of opinion as to the location of the incision, except in cases where it is pretty evident that it is due to a localized inflammation, and even in those cases I am upon the whole inclined to the opinion that the median incision possesses advantages over all others, as it allows a more extensive exploration with both eye and fingers of the abdominal cavity than any other form.

It also admits of extension with less liability of permanent injury than any other, and in at least two cases in my own practice I could not have possibly succeeded by any other method, while in others I could have succeeded equally as well by that method, as by the one which was employed.

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Whatever method is employed, it is important to have a starting point which is always constant in its relations to other points for the purpose of following the intestinal tract, to insure its complete examination, unless we are fortunate enough to come upon the adhesion directly beneath the line of our incision which is by no means the rule, but rather the exception.

This point, I believe, to be the vermiform appendix on account of its localization and anatomical peculiarities, it is readily recognized, and from its base the entire tract may be examined. Systematically, rapidly and gently, when the adhesions are found they should be securely ligated with double ligatures of antiseptic material and severed by the knife, or what is usually better the scissors, between the ligatures.

Catgut if absolutely aseptic is the ideal ligature in these cases, but when the operator has not personally supervised its preparation it had better not be used.

Properly prepared silk answers the purpose very well and here as in other cases, I believe, the Chinese twist is preferable to the braided material. I also desire to protest against too coarse a ligature for this purpose; it is rare that such force is necessary to prevent hemorrhage, and there is little danger of slipping. In one case where the adhesions were old, and there was considerable stenosis of the ascending and transverse colon, I am satisfied that divulsion was of benefit; it was practiced with the fingers alone by invaginating a portion of the wall and pushing the fingers first one and then two or more through the constricted portion, this of course, must be very carefully performed for fear of lacerating some of the intestinal coats.

The toilet of the peritoneum is made in exactly the same way in these cases as it is in other laparotomies, where there is acute purulent inflammation. The drainage tube is necessary, in other cases where the operation is done aseptically no drainage tube should be used. Opiates are not, as a rule, indicated, if there be pain or paralysis a saline cathartic is indicated. Especially is this true if there be distension caused by the accumulation of gas. If opium is resorted to it should be given very cautiously, and only in sufficient quantity to control pain, and not to mask the symptoms of a peritonitis which is generally present to a greater or less extent where there is severe pain.

In order to determine the status of laparotomy in these cases, it is proper to inquire as to the status of this procedure in other affections of the abdomen and intestinal tract. Unfortunately some operations that become fashionable are destined to disappoint their most earnest advocates. It is far from being true of all and from my present limited experience I do not believe it will be so with this operation in the class of cases I have described, on the other hand, statistics thus far are in its favor and resort should be had to it much oftener in the future than in the past.

In gunshot wounds with perforation which was so strictly fashionable for a time there now seems to be a reaction and statistics of Stimpson Dennis and others are in favor of the expectant method, while some other writers and investigators like Senn, of Milwaukee, show results in favor of operative procedures.

In fibrous and organized lymph bands there is no probability of spontaneous rupture or degeneration, hence no hope of spontaneous relief. While medical and mechanical measures may be compared to one groping in the dark, little, if any good can be expected from their employment, and I believe that in surgical proceedures we have made an advance owing to the fact, that

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the majority of cases occur in the male. We will probably never be able to show the same brilliant results in these cases as we do for the relief of difficulties peculiar to women alone.

The following case will perhaps serve to illustrate a portion of the views contained in this paper: J. M. S., American, aged twenty-nine, himself a physician of more than ordinary ability, but addicted to the use of intoxicants and narcotics. Was admitted to Cottage Hospital under my charge May 28, 1890. He was emaciated, weak and discouraged; had been confined to his bed for twelve weeks. He gave a history of partial obstruction of the bowels for more than two years, which was gradually becoming worse, and at that time nothing could pass through the intestinal canal except in a fluid state and that only as the effect of powerful cathartics; appetite was very poor and vomitings were very frequent and distressing; abdomen was lymphatic and tender, especially over right hypochondriac region where he believed the difficulty existed. The pulse was 130, weak and small; temperature was normal, respiration 22. Sleep was only secured by frequent large doses of morphia, hypodermically administered; kidneys were acting fairly, the amount of urine voided being little less than the normal quantity. The case had been seen by several medical gentlemen before he came to me, and the diagnosis of obstruction by adhesive bands was made out by my friend, Dr. J. Williamson, of Ottumwa, Ia., who referred him to me for operation. A careful examination by myself and two other competent gentlemen failed to discover any other cause of obstruction and Dr Williamson's diagnosis was agreed to and an operation was advised. This was acceded to by the patient and his wife, and on June 2d, under strictly antiseptic precautions, the operation was performed with the assistanee of Drs. Ward, Adams and Steinriede, of this city. In deference to his opinion as to the location of the obstruction, the incision was made in the median line just below the umbilicus. As his surmises were shown to be correct, the incision was extended upward four inches, and in order to give plenty of room for work and inspection it was also extended slightly in a downward direction as well so that the entire length was between eight or nine inches. Extensive and firm adhesive bands were found involving the upper half of the ascending and a portion, probably a third, of the transverse colon, the remaining contents of the abdomen being free. The stronger of these were ligated in two places and the bands divided between the ligature, the bowels appearing considerably stenosed beneath two or three of the firmer bands, the unaffected portion near the constrictions was invaginated upon the fingers and the narrow portion dilated to as near the normal size as was thought safe. The operation was completed in forty-five minutes, and the patient was put to bed, suffering very slightly from shock and none from the effects of the chloroform, which he took very nicely. I am not a believer in the utility of morphia after surgical operations, especially abdominal operations, but in view of the fact that he had formed the habit of using it he was given gr. $\frac{1}{4}$ with atropia 1-150 every four hours. The first twenty-four hours were uneventful. On the second evening, thirty-six hours after the operation he became restless, complained of some pain in abdomen, and toward morning became delirious and at 5 o'clock A. M. of the third day when the nurse had fallen asleep, he climbed over the end of the bed, and fell on the floor, a distance of three and a half feet, re-opening about one-half of the central portion of the wound, which was healing very promptly by first intention, and the uninjured portion healed in that way the reopened portion by granula-

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tion. The abdomen being slightly distended by gas, a saline cathartic was administered which acted promptly and afforded complete relief. After this the aloin, strychnine and belladonna pills were administered daily for fifteen days, securing a daily movement of the bowels. During this time the appetite was very good, the temperature never going above 100.8, this point being reached on the third day after the fall, and only lasted a few hours when it fell to 98.4. The pulse ranged from 100 to 116; respiration seventeen. From this date until about the twenty-fifth day after the operation nothing of note occurred. At this time he ate some berries for supper, which caused constipation and severe vomiting and the notes record the temperature at 100 8 again, pulse 136, respiration twenty-two. Small doses of salines were given and the action of the bowels was partially restored, the nurse's record showing that for the next few days the bowels did not move without the administration of the pills or enemas· From this date until the date of his discharge, July 29th, recovery was uninterrupted. When discharged his bowels were moving from two to three times a day; he had gained flesh and strength, had a good appetite and expressed himself as feeling better than he had for two years. He was directed to resort to the pills if occasion required and to be careful in regard to his diet. I have seen him within a week and he is, so far as his intestinal troubles are concerned, perfectly well. No rule can be laid down for a single case and this case is reported for the purpose of assisting in swelling the aggregate from which all rules must be formulated.

How a General Practitioner May Treat Chronic Atrophic Rhinitis.

By HANAU W. LOEB, A.M., M.D., St. Louis, Mo.

Lecturer on Diseases of the Nose and Troat, Marion-Sims College of Medicine; Attending Surgeon Nose and Throat Department, Grand Avenue Free Dispensary.

Read before the Medical Society of the Missouri Valley, Kansas City, Mo., December 18, 1890,

From the time when the Chinese Emperor, Hoang-ty, four thousand five hundred years ago, first described specific ozoena until the present day, the treatment of chronic atrophic rhinitis has been, more or less, the bug-bear of the general practitioner of medicine. True, the modernizing influence of thorough-going reason has shorn the disease of much of its mystifying elements, still to many, even in this enlightened day, it remains a book sealed with the superstition of the past, and bound tightly by the cords of enforced destiny.

Notwithstanding the great amount of literature which has resulted from the pains-taking study of this disease, the vast majority of doctors are indifferent, some perhaps ignorant, as to its proper treatment. Some do not believe that an iota of benefit can result from treatment of any kind; others declare that they have no desire to treat it; still others, by temporizing, hold their patients day in and day out, in the vain hope that some kindly providence may relieve doctor or patient. Amid all this array of indifference, disclination and lack of knowledge or its application, is it strange that the poor sufferer should read, with a shudder, the advertisements which deal out his symptoms

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so exactly, and which alarm him by unnecessary enunciation of dangers which never occur? Is it to be wondered at that his mind becomes filled with visions of consumption—visions which, by reason of their indistinctness, magnify the evils thus portrayed? Is it remarkable that he should swallow with avidity such unwholesome morsels as this: "The microbe of catarrh, in your sleep, crawls down your throat, and, coming in contact with your lungs, produces consumption?" Is it further a matter of wonder that the poor, bewildered mortal, whose fears have now changed his nose into a mountain of woe, ready to boil and to seethe with the fury of evil spirits, should seek his family physician, and, receiving the unsatisfactory advice, which in many cases he will get is it strange, say I, that he should place his tender organ of facial ornamentation into the hands of a quack? I think not. From a popular standpoint, at any rate, the charlatan who boasts loudly of his cures, and who points out the evils that may result, knows far more than the dilly-dallying doctor. Here lies the trouble, doctors imagine the nose is beyond their ken, too far removed for their comprehension, in fact, many do not hesitate to say so. Why, bless you! those same doctors would never admit a lack of knowledge in the treatment of a cervicitis or an endometritis, and yet the organs concerned in these latter diseases are far more difficult to examine than the nose.

Thoughts such as these are calculated to make a specialist ponder, and to seek some plan of benefit. That some good may come from a tacit and clear statement of the treatment of this disease, I am assured; and that the general practitioner will, by the application of a few general rules, be able to benefit almost all of these cases, I am still more assured. I have seen this very thing exemplified in my own students in the Marion-Sims College of Medicine, to whom I have assigned cases for treatment in the clinic, with results highly satisfactory. What students are thus enabled to do, I feel certain that the great body of our upright, conscientious and earnest practitioners of medicine can do far better.

Many means have been devised and many remedies have been suggested for the treatment of this very refractory disease, but as its theoretical consideration forms no part of the subject of this paper, they are placed aside. Therefore the radical treatment of the disease, requiring, as it does, an extensive knowledge and technique, will not receive attention. That the disease is ever entirely cured, is still a controvertible question. Reports have been made of cures by cauterization with chromic acid, and the galvano-cautery, and by galvanism of the nasal mucous membrane.

The condition can be ameliorated! Not only this, but every practitioner who possesses an an intelligent conception, may become the high-priest of this benediction.

From the nature of the disease, the vitiated secretion and scab-formation which go with it, one can easily understand that two features of treatment are indicated, viz., cleanliness and stimulation, cleanliness so that there can be no irritation from the presence of scabs, and for the thorough application of medicines and stimulation, to counteract the passive inflammation, and to cause the blood, more nearly to approximate the normal.

Now, cleanliness does not mean the promiscuous douching or spraying of the nose—by no means. The most persistent care must be taken to remove every scab and particle of abnormal discharge. Granted—but how can this be done by the general practitioner? Easily enough. His *armamentarium nasale* need not be very extensive. A lamp, a student's lamp being prefer-

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able, a head mirror, a nose speculum, a small cotton applicator, (a knitting needle with one end roughened will answer), constituting an equipment not elegant, but sufficient. The cost, exclusive of the lamp, is little enough, being less than $4.00. Cotton, absorbent or borated, should be on hand, as well as plenty of the old-time Dobell's solution, or the following modification, which I like better:

℞ Sodii Bicarbonatis.....
Sodii Biboratis aa.....ʒij
Listerine or Katharmon.....ʒss
Aquae q. s. ad.....ʒviij
M. Sig. Nose-wash.

To the list I should perhaps add some sort of atomizer or post-nasal syringe, costing in either case not more than $1.25. However, one could get along without either of these. The nose should first be sprayed out with the solution whose formula I have just given, (better warmed) or by means of the post-nasal syringe the cavities can be washed out from behind. Understand, however, even this does not constitute the cleansing of the nose, for after this has been done, the work really begins. The light being reflected into the nose, held open by means of a speculum, (Knight's modification of Duplay's preferred) the probe, to which a pledget of cotton is attached, is made to dislodge and to remove each scab or portion of discharge which is presented to the view. Anyone can do this for anyone can see the scabs and can with ease remove what he sees. This accomplished, the nose is clean, and the first essential part of treatment has been applied.

For the stimulative plan of treatment, various drugs have been recommended, out of which I select menthol, thymol and eucalyptol as having been most efficacious in my hands. I have used menthol more frequently than any of these agents, and have been so well pleased with its action that I should be unwilling to exchange it for any other remedy. The following is the customary formula:

℞ Menthol.....gr x.
Liquid Albolene.....ʒj
M. Sig. Spray for the nose

The amount of menthol may be increased to gr. xx or even ʒi to the ounce. This, or thymol, gr. x to ʒi liquid albolene, or eucalyptol gtt. x to ʒi liquid albolene, should be well sprayed into the nose, first directing the patient to breathe through his open mouth, thereby shutting off the oro-pharynx and causing the spray to pass out of the other nostril. The first sensation is that of warmth, and no little itching is frequently occasioned; but this is soon succeeded by a feeling of coolness and comfort in the nose, which is gratifying to the patient. While the menthol, thymol and eucalyptol have a stimulative effect, the liquid albolene is not void of benefit. It takes the place of vaseline of quondam fame, but possessing nothing of the almost nasty character of the latter. By means of the spray the oily albolene is thrown over a large portion of the mucous membrane, and by bathing it with an oily film, aids not a little in its improvement. This cleansing out and treatment of the nose should be done every day, if possible, for some little time; later, the intervals may be lengthened. It is useless to attempt any permanent or even transitory improvement, for that matter, by treating the nose twice a week, or less; three times a week is seldom sufficient at the outset.

Nor is this all there is in the treatment. The patient should be directed to clean his nose three or four times daily, by snuffing up Dobell's Solution, or the modification which I have given, and thereafter to use a spray of menthol,

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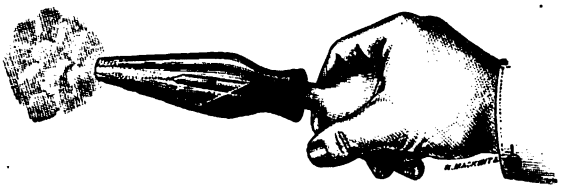
thymol or eucalyptol and albolene. A special sort of atomizer must be used from the fact that all atomizers do not act with oily solutions. Each patient must provide himself with one and use it three or four times daily. The Codman & Shurtleff, No. 356, or the Brooklyn Throat Hospital Atomizer will answer. The latter is better for the doctor, in that having three nozzles it may be used for the nose, pharynx or larynx.

Of late I have been using a new atomizer lately designed and manufactured by the A. M. Leslie Surgical Instrument Company of St. Louis, the Acme Vaseline Atomizer; in fact, I now prefer it to any other kind. It has the advantage of simplicity and cleanliness. Though intended as a vaseline atomizer, it can be used to the greatest satisfaction for the spraying of liquid albolene.



I would again urge that, whatever the form of the atomizer, it should be used systematically, thoroughly and regularly. It is surprising how much better the patient will become under this sort of treatment; the excessive scabby discharge ceases, the odor disappears, the hawking diminishes and the patient's mind turns to other thoughts than an untimely death from the fancied change of catarrh into consumption. Not only this: the relief is so decided and rapid in its occurrence, that the patient becomes a friend and patron whose good word will reflect credit and money to the doctor who is so fortunate as to have applied this plan of treatment.

It is well to state one danger which may occur not only from this form of treatment, but in any case where douching is used: I refer, of course, to the otitis media, catarrhal or suppurative. Where there is the slightest tendency to this disease, one must be guarded and must avoid the douche, and sometimes the spray. In such cases the only recourse is to remove the scabs as well as possible by means of a probe and pledget of cotton.

Very naturally there are other plans of treatment which are not to be despised. I desire to make no reflection whatever upon any other method. This I do say, however, the method which I have detailed is one which must commend itself to every one. It is simple in its application, scientific in its proceedure and sufficiently easy in detail as to be within the range of every practitioner of medicine.

I turn now to the title of my paper: "How a general practitioner may treat chronic atrophic rhinitis." I feel that I have answered the question in so tangible a manner that its acceptance and adoption by the general practitioner is a matter of choice and not one of long-considering deliberation. The question narrows itself down to this: Will you treat these simple cases in this simple manner, to the credit of yourselves and to the benefit of yourselves, or will you, with less pride, less reason and less professional honor, allow those who have placed their well-being in your hands, to go on day by day, without any relief, subsequently to fall into the unscrupulous hands of some catarrh nincompoop? I believe you will adopt the former course.

3148 Locust Street.

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Glaucoma, as seen by the General Practitioner.

By GRANT CULLIMORE, M. D., Atchison, Kas.

Read before the Northern Kansas Medical Society, November 13, 1890, at Seneca, Kas.

Gentlemen:—That anyone of the various theories of the etiology of glaucoma has been successful in arriving at any conclusive proof of its correctness is certainly very doubtful, and I am not presumptuous enough to attempt repetition of an old or promulgation of a new theory. Such is not the object of this paper.

Glaucoma, as a subject in the department of ophthalmology, stands in somewhat the same relation to general medicine as does pulmonary tuberculosis, the parallelism being that of importance to the general practitioner and the difficulty of cure, and not of pathology or of therapeutics. This may answer as a sufficient excuse for the presentation of this trite subject.

It has only been recently that glaucoma has in any way been connected with systemic affections or difficulties separated in locality from the eye.

Before the introduction of the ophthalmoscope, glaucoma was considered a cataractous condition. Patients went blind from a peculiar and usually painful affection of the eye, accompanied by a greenish reflex from the crystalline lens. This greenish or opaque appearance led to the designation, "*cataract*,"—"*green cataract*." But with the use of the ophthalmoscope certain peculiarities of position of nerve structures were discovered, usually accompanying glaucoma, e. g. a cupped disc and hemorrhages, the former quite constant, the latter less frequent. Increased tension of the eye ball and and anæsthesia of the cornea were also looked upon as essential signs in this disease.

With Von Graefe's appreciation of a violent fulminating variety of this affection, it is but natural that he should assume an essential inflammatory basis for all cases of glaucoma. Donders being familiar with increased intraocular tension and cupped disc without known and visible signs of inflammation was equally as positive of the possibility of a purely neurotic origin for this disease. It may be that both are correct, and that we have glaucoma neuroses and glaucoma inflammation.

Be this as it may, the fact is demonstrated by careful dissection of glaucomatous eyes, that the *filtration angle*, as it is called, is lessened in size, and the canal of Schlemm and spaces of Fontana closed in cases of glaucoma.

Whether a purely nervous condition or inflammatory, there is certainly in individuals over forty years of age a balance of openness and closed condition of these lymph channels, and slight peripheral irritations are apt to throw the balance against the best drainage of the lymph; the canal of Schlemm and spaces of Fontana become occluded, and as the tension grows greater in the eye, the iris is dilated and forced more into the filtration angle. The result is complete cessation of outward flow of the secretions. This condition, I have said, is brought about by peripheral irritations, and it is readily seen how the action of atropia would cause closure of Schlemm's canal. It is, therefore, necessary for us to establish finer distinctions in glaucomatous diseases. There have been observed cases of vesicular inflammation of the cornea that were followed by glaucoma, and Dr. J. Hock, of Vienna, reports a case of tatooing of a corneal cicatrix, followed by this dread disease.

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With the above quoted examples before the practitioner, and the literature affords many others, he must learn to be suspicious of affections of the eye apparently foreign to glaucoma and he must appreciate the possibility of precipitation of an attack of this disease by slight peripheral irritations, and therefore practice caution in the use of atropia.

Atropia, since its first discovery as a mydriatic and as an alleviator of iritis and corneal complications, has always been a tempting and convenient *eye water*, and the general practitioner without a full knowledge of its effects is liable in many cases, in its promiscuous use, to precipitate irremediable blindness.

In young persons, under thirty or thirty-five years, I do not hesitate to use atropia in all conditions that may be at all benefited by its mydriatic and analgesic properties, but in persons over forty years of age I always hesitate before making an atropia application. In iritis, of course, it is always indicated. In my ophthalmic practice I do not use atropia very much in testing errors of refraction and very seldom, if ever, use the drug in patients over forty.

The particular point which in this disease of glaucoma serves to link the general practitioner with the specialist and which warns the specialist to broaden his ideas is the fact that this disease very often simulates other affections.

The fact that females are more liable to the congestive forms of glaucoma than the males*, while the latter are more liable to the non-congestive forms, seems to emphasize its connection with derangement of other organs besides the eye itself. The congestive form occurring in females is certainly associated with that vast collection of reflex phenomena which we, in this day of gynæcological progress, attribute to their peculiar organism and the associated disabilities.

Several cases have been described where a trigeminus neuralgia preceded glaucoma and some observers claim an intimate relation to exist between the two diseases, and it is not the most superficial observers alone who are liable to be misled. J. Schuabel, a German authority, reports a case of a lady, age fifty-six, with neuralgia like pains in the supra orbital region. The attacks recurred daily, and during the free period ophthalmoscopic and functional examination did not reveal the slightest anomaly. The trouble lasted six weeks. One year after the first observation, normal conditions were found. The patient suffered at intervals again during the next year, when she fell into the hands of V. Hasner, of Prague, another high German authority, who diagnosed glaucoma and performed iredectomy, with relief to patient.

Here it is evident the condition which we, in lieu of more definite knowledge, term neuralgia preceded an undoubted glaucomatous process.

It is probable that the "*neuralgia*" was not the cause, but rather the consequence or a symptom of an organic eye disease which was not at first diagnosed, because the absolute signs laid down for glaucoma were not present.

In diagnosing glaucoma, the age at which it is liable to occur must be taken into consideration. The disease is rare under thirty or even under forty, although there have been isolated cases reported in very young persons and even in infants.

In our enthusiasm of the present moment in tracing the relation of reflex

*This is upon the authority of Priestly Smith in a report on primary glaucoma, read before the Ophthalmological Society of the United Kingdom.

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disturbances and glaucomatous diseases, I would not mislead you into the impression that the human body is an organism around an eye.

We must remember that the tissues at the filtration angle in early years are eslastic and not so easily crowded into the canal of Schlemn permanently, and we should recognize that in younger persons we may have disturbances which are not truly glaucomatous, yet have many of the reflex symptoms of glaucoma in older persons. Let me cite as an example, the case of a lady about whom a physician had written, stating that a prominent oculist had diagnosed glaucoma. When she visited my office, I was surprised to find that her age was less than thirty, for I believed that glaucoma was rare under thirty-five years of age. Her case, upon careful examination, proved to be one of simple uterine reflex trouble. The eyes were perfect eyes; no cupping of discs, nor plus tension, and no subjective symptoms marked enough to point toward glaucoma, but there was an irritation preventing application to close work, and there was periodical "*general bad feeling.*" The eyes were large and prominent, and I think the oculist's attention to this feature mislead him. With the removal of the dread of incurable blindness, the patient forgot her eye trouble.

Like some maladies known in general medicine and surgery the treatment of which is an opprobium of the healing art, glaucoma has been much discussed in regards to various methods of treatment.

Since the time when this affection was confused with cataract, glaucoma has been more persistently persued by therapeutists than any other affection of the eye. It is not without reviewing a considerable amount of literature since Von Graefe's brilliant discovery of iridectomy as a relief in these cases, that one can arrive at the best judgment of opthalmologists on this subject. While iridectomy held undisputed sway for a period, yet when there began to be formulated theories in support of this empirical measure, sclerotomy was held to afford the essential conditions of a complete iridectomy.

If reduction of increased pressure means relief of the glaucomatous condition and if reduction of tension is effected by a filtration scar, it is argued by the sclerotomists that it is unnecessary to add the disfigurement and optical defect of an iridectomy to procure the required filtration. The whole history of operative attempts for the relief of this disease since Von Graefe's discovery has been that of an effort to establish some other form of paracentesis oculi not demanding a sacrifice of a piece of the iris. In chronic glaucoma where the destructive processes at the angle of the anterior chamber are already too far advanced to permit of any relief by attacking that region, the operation of paracentesis of the vitreous has been proposed. A Graefe cataract knife is entered 4 M. M. behind the sclero-corneal juncture, penetrating about 1 C. M., and then removed slowly and obliquely so as to allow escape of lymph and even some vitreous. Tension is reduced immediately and improvement reported in some cases. The protest against iridectomy nas gone so far as to introduce through the ingenuity of Bodal, of Bordeaux, an operation which does not attack the globe of the eye. This operation consists in cutting down upon the infra-trochlear nerve which being picked up with a hook is stretched and torn. How the laceration of this nerve relieves the pain and alters the morbid process of glaucoma, is not explained further than classing this with similar proceedures for the relief of peri-orbital neuralgias. The combined and sifted wisdom upon this subject up to the present time leaves iridectomy as the most reliable operative remedy. The conservative practitioner, however, will not fail to

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exhaust the alkaloid of *calabar bean*—eserine—before undertaking such a responsible step as iridectomy, unless the emergency of fulminating glaucoma occurs; then no time is to be lost but irdectomy made immediately. The myotic action of this drug draws the iris from the space of Fontana and relieves the blockade of lymph at Schlemm's canal.

In these remarks I have simply attempted repainting of an old guide-post, and if the general practitioner is directed properly thereby when to use atropia in eye waters and when to suspicion an organic eye disease from a so-called neuralgia the compensation is sufficient.

Surgical Diseases of Women.

By S. MURDOCK, M. D., Oneida, Kas.

Read before the Kansas State Medical Society, May 4, 1890.

Few branches in modern science have received the attention or made the advances that have been made in that branch of medical literature known under the title of Surgical Diseases of Women. But a few years ago that class of patients, who constitute the largest class of our practice, bore their troubles patiently or hysterically, as the case might be, received the doctors' routine prescription "for female weakness," without an effort on his part or a question on their part as to the real nature of the trouble. But the time is fast approaching, if not already here, when this class of patients will not be put off without knowing the real nature of their difficulties and when once in full possession of these facts they will demand a rational treatment, and the old fogies who have treated hysteria as a disease *per se* will be dropped into the waste basket. When Dr. Bennett published his remarkable book in 1845, he aroused the profession on this subject and set public thought in motion. Sim soon followed with the invention of the speculum, bearing his name; and for the first time in the history of medicine, gave the doctor a means of surgical treatment of the uterus, and afforded him a means of accurate study and diagnosis. Dr. James Henry Bennett's notable work had reached its fourth edition in 1853, and the clear analysis of his cases almost revolutionized medical thought in this department. Here for the first time was the fact *emphasized* that *leucorrhœa* was not a disease *per se*, but was only the result of a disease and the only rational way to treat it was to remove the cause. Unfortunately, this "grand old man" failed to complete the thought which he had so clearly and forcibly enunciated. He was so completely misled by the terms "ulcer" and "ulceration" that he failed to recognize that he, too, was laboring under the same delusion that had clouded the minds of the profession so many years under the title of leucorrhœa, and now, although seeing and demonstrating another condition, he was as before, treating the result of disease or injury instead of the injury itself. But the truth was not entirely concealed from him, for he says in his fourth edition, speaking of undue dilatation or relaxation of the os uteri, "Sometimes the cervix is not so much dialated, bursts open and then the laceration can be traced with the fingers;" and further he says, with some emphasis, "Often from the operation of causes (after labor), which it is impossible to appreciate, the lesions, whether slight or severe, do not heal, and thus a confirmed inflammatory ulceration of the cervix uteri becomes

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established. And yet it never occurred to him that the proper way to prevent or else cure this lesion and thus put an end to the confirmed inflammatory ulceration would be to remove the original cause, repair the laceration and let the woman get well. After the publication of Dr. Bennett's work, the profession was given over body and soul to ulceration, until Graily Hewit's book came out on displacements and flexions, and thus the profession viewed the uterus like the five blind men in Hindoostan viewed the elephant. Members of the profession have often marked the injury to the cervix in the lying-in woman and some have recognized it at the instant of its occurrence as the fœtal head pass through the partially dilated and ruptured os into the pelvic brim. This injury was noted particularly by Prof. E. P. Mudrock, of Chicago, and Dr. Pallen, of New York, each of whom operated immediately for a repair of the injury with decided success. But it is due to the efforts of Dr. Emmett, of New York, that the profession was made acquainted with the nature of old lacerations and the mode of procedure for their relief. It seldom falls to the lot of one man to determine the exact nature and cause of any one disease and at the same time devise means for its complete relief. After years of toil, anxiety and uncertainity, we have at last arrived at a mode of procedure which assures us that in a large proportion of cases known to a laity under the name and title of "female weakness," we can give a woman treatment with absolute assurance of ultimate cure, where in the past there was no assurance of any relief whatever. In looking over the field and scope of this operation, several questions present themselves of interest: First.—What are the indications for the operation? To answer this, we but repeat the experience of every observing physician of large practice. When we say that a large percentage of women who consult the doctor, complain of leucorrhœa. Now leucorrhœa is not a diseases, is not a pathological condition, it is a result of disease or pathological state, a symptom, the cause must be sought out, let enquiry be made and in about 20 per cent of the cases this condition of affairs will be found: a history of severe labor and slow getting up, uterus large, heavy and perhaps somewhat displaced, but not always; os, instead of round or oval, is a deep fish-mouth slit with edges everted, lining membrane of the cervix exposed, red, eroded and bleeding to touch, so-called ulceration menstruation—profuse irregular as to time, perhaps —but as to quantity certain, pain in the back, sensation of dragging, langor, weakness of limbs, headache on top of the head, etc. A story we all have heard a hundred times. Patient has been treated for ulceration for months or even years, with temporary relief, only to see all her troubles return when treatment ceases. Why? The cause is not removed.

Second. What's the cause of this state of affairs? Then the remedy is suggestive. We answer at confinement a rigid unyielding os, labor severe or rapid, perhaps hastened by impatient accoucheur, tissue ruptured, cervix lacerated, and then you have a severe incised or contused wound, nature attempts to repair, and what follows? The uterus is large, heavy, hypertrophied and physiologically demands repair. Now we have two antagonistic processes going on in the same organ at the same time. Physiological fatty degeneration, or the process of involution to reduce the organ to its normal size, and constructive hyperplasia to repair the injury; as a consequence neither succeed; the wound is not healed, the uterus is not brought down to its normal size, and we have lacerated cervix and sub-involution; and all the stimulants, and caustics, and styptics, and astringents that can be applied for years will not

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cure the patient. They must have repair and stimulate the organ to secondary involution. Third. What are the results of the operation? In all operations of this character it is only after years of careful observation that the results can be fairly judged. But these facts can be definitely summarized: sixty per cent of these cases are entirely relieved of the painful symptoms due to the lacerations, that is they are cured; no other method cured any of them. Thirty per cent are materially relieved, and about five per cent benefitted; less than five reap no benefit from the operation. This fact is due to two or three causes. First, failure of the operation; second, other complications, as after-care, &c.; third, long existing injury so that the impression upon the sympathetic nervous system leaves the patient in such a condition that only constitutional treatment can benefit her. I know of no other operation in the entire catalogue of surgery with less than five per cent of failures, ninety-five per cent of complete cures. In the cases reported by Dr. Emmet and Munde, of New York, and Goodell and Parvin of Philadelphia, Nelson, Jackson and Murdock of Chicago, where the cases have been watched through a period of ten years or more after operating, they all agree that the symptoms do not return; that the operation does not interfere with subsequent pregnancies, and that subsequent lacerations are no more likely to occur than if there had been no laceration before; therefore we must agree that this operation promises more with less failure and less danger to the patient than any other in the domain of plastic surgery; less after-care is required than any other operation I know of. I have in mind two patients that had been under treatment for nearly two years for nervous prostration without benefit, (I mention these on account of the lacerations being so slight). I operated on my chair in the office by use of oleate of cocaine; both were restored to health and gained in flesh. Lastly, all operations to repair injury should be performed at the earliest possible moment to secure union by first intention to prevent deformity and to prevent sepsis. It saves the patient the incalculable annoyance of preparatory treatment, with its physical burdens; it gives the patient the best possible chance to escape septicæmia, sub-involutions and all complications following lacerations. Allow me to call your attention to a class of patients who will tell you they passed the change of life two, three, or more years ago and recently the menses have come back and getting more frequent, at first a slight flow, and now I don't go over two or three weeks, and finally almost continuous. In any like history as the above I always suspect *cancer* and happy if I only find polypus. I present here a uterus I removed March 27, 1890, assisted by Drs. Hays and Lesh, of Seneca, and West, of Oneida. Lady; Mrs. V., aged 61; came to my office two years ago with the above history. I found cervix had slight laceration and tissue beginning to break down at and around laceration; cervix very hard and would bleed easily to touch. I informed her that the history of her case and appearance indicated cancer and advised surgical interference at once. Her health otherwise being good and natural dread of an operation, she put off having anything done until the flow became almost continuous, and fully persuaded in her own mind something had to be done. Two years of valuable time had been lost; the above doctors were called in and agreed upon the case. I allowed the patient to go about her business as though no operation was intended until three days before operating, when I took off all vegetables or any food calculated to accumulate gases, but ordered her to keep up strong diet, and the afternoon before the operation gave sedlitz powder to move the bowels freely, and next morning washed out the

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rectum by injection, no breakfast. At 10 o'clock, our druggist, Wm. C. Hamlin, gave ether, which patient took kindly; patient was placed upon the table on her back, knees flexed, retractor was used; cervix was seized with Volsellum forceps and drawn down, the adhesions next to the bladder being very strong and cervix eaten off on one side to vaginal junction, three retractors were brought into use—one on either side and one below; a half circle incision was made from left to right anteriorly at vaginal junction and then posteriorly the same, the finger was then inserted into the incision between the body of the uterus and perineum, adhesions broken up with the finger (which is easily done), this allowed the uterus to slip down so the arteries on either side were easily tied and cut next to the uterus, then drawn down so that the uterine horns could be tied and cut with ease, I left the strings of each horn long, as this released the uterus entire. I tied each ligature together and thus formed the base for the bowels. This whole operation only required 23 minutes and not more that two tablespoonsful of blood lost, and would have been done in less time had it not been for extra adhesions next to the bladder. The patient recovered without a bad symptom and in less than four weeks returned home.

Antiseptic and Modern Surgery.

By W. B. PARKISON, M. D., Logan, Utah.

Written for The Medical Herald.

For the benefit of the younger members of the profession who are just starting out with their new "sheepskins," to meet the trials and perils of one the most noble and honorable professions on earth, I am induced to pen these lines, in favor of antiseptic and modern surgery, because we have a number of prominent surgeons, particularly in the west, who are still goveling in the old groove of "laudable pus," etc.

It is only a few days since, one of these men came into my office, while visiting our town in consultation in an important case. During our conversation on the subject of antisepsis, he remarked: "Why doctor, I believe all this foolishness and display made, during surgical operations, all bosh, unnecessary and uncalled for. It is only the other week I operated on an Indian who had been thrown from pony, injuring the arm so that amputation was necessary. The arm was perfectly rotten. I did the operation in his 'wickup;' he was lousy and dirty. I left the squaw to dress the wound. That wound, docter, healed by first intention. It may do all right in hospital practice where you have all the necessary apparatus, assistants, etc., my boy, but its not practicable in private practice."

Such an argument as this coming from a prominent surgeon, known far and near for his wonderful surgical ability, almost paralyzed me, and to one who was not posted and firm in his convictions in favor of antiseptic surgery, and just starting out in practice, it would have a tendency to cause him to be careless and neglectful of the precautions given while in his college, under the able tuition of such teachers as Powell, Wyeth, Morris, and our own Geiger. Now to such I would say the Indian case is one in a thousand, and no argument against antiseptic surgery, can withstand the overwhelming hosts in evidence for it, and the brilliant results obtained at the present day, should

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stimulate every surgeon whether his practice be limited or extensive, to emulate the good principles taught, and profit by the experience of the best men of our day. Because it is a little trouble to some, to keep clean hands and instruments, and to carry a few dressings and the necessary equipments to cases at a distance from the office, it is no excuse whatever, for such neglect, because we as surgeons and physicians are solely relied upon, and trusted by our patients by our lives. We have no right to slight or neglect our duty in the least particular towards them. The surgeon to whom I referred has had an established reputation as a first-class anatomist, can operate and handle a scalpel as dexteriously as any surgeon I have ever seen operate. But he lacks this knowledge, or is either too stubborn, jealous or purpously blind to the light with which other surgeons surround him to fall into line. It is a trite and true saying, "that it is hard to learn old dogs new tricks."

This should not influence young surgeons from the line of duty and success or cause them to loose sight of the benefits of those points we have learned which bring the surgeon so much satisfaction in his operations and in the experience of others the superior and best methods.

I practiced the old method for several years, and know something of its results. I look back now to my palmer abscesses, sloughing stumps and laudable pus, with much regret, while now such results are ruled out of my operations almost entirely. If I ever do have pus in a wound I know my work has not been thorough, or that some part of the operation, instruments or dressings are at fault.

Case. Mrs J. T., twenty miles distant from my office, was lifting a heavy tub of water. She felt something give way in her groin, as she expressed it. After she had suffered three days, I was telephoned for, and from what I could understand from the description given over the 'phone,' I diagnosed hernia. My friend Dr. P. J. Ragan, of Butte, Montana, was visiting me and I invited him to accompany me. On our arrival we found a strangulated inguinal hernia on the right side. The lady vomiting fecal matter every few minutes and suffering all the attendant symptoms. We explained matters to both the lady and her husband. She readily consented to be etherized, and if we could not reduce it by taxis we were to operate. I had little faith in any success from taxis on account of it being so long and the parts being very much congested. We proceeded to operate, and on cutting down on the sack we found the parts viable though very much congested. We felt justified after a careful examination of the gut to return it into the abdominal cavity. When preparing for dressing I found I had neglected to bring my bottle of drainage tubes. After searching my satchel I found a piece which had been there since the days of the old method. I put it in a carbolic solution for a few minutes and then introduced it into the wound. I applied my dressings and left my patient feeling first-class. The bowels moved during the night and she had but very little rise of temperature. When I redressed the wound it was all healed except along the track of the tube, and there I had plenty of laudable pus. And why? Simply because that tube was not antiseptic. If I had used one of my prepared tubes this would have been obviated, and no pus. A second dressing would have completed my attendance. I cleansed the wound with peroxide of hydrogen, dressed antiseptically and the case recovered in time all right. I have always been able, where I get such results, to find where I omitted or left undone that which I should have done during my operation or dressing.

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I go now into the country, up in the mountains, canyons, saw mills, and to all kinds of accidents, performing amputations, and dressing wounds away from my office with the very best results and no pus. I use every precaution to keep clean hands, clean instruments, always carry my antiseptic tablets and acid, carbolic as well as antiseptic dressings, and can testify of just as good results as Powell, Wyeth, or any one else in that line. And why not? I admit sometimes my ingenuity is taxed somewhat to carry out every precaution. But gentlemen, we can do it if we will only take time to consider, and I claim it is our duty to always do this, and consider everything that will in any way relieve us from the evil results of sloughing and suppurating wounds.

We have a surgeon in these parts who prides himself in sawing off a leg in so many minutes, on his dexterity and rapid operations. But then the pus and evil results which follow are sickening to one who has been taught the better way. Still he gets practice, and tells his patients and the people, the ancient tale, "that it must run lots of matter in order for the wound to clean itself, and it is better for that matter to run out than to remain in the system to poison the blood." Think of it gentlemen, that such "prating" should be stuffed down the people in this day of advancement. But still according to our code, we must be "mum." This same man had a case a short time since of comminuted fracture of the leg in a healthy man, muscles and skin lacerated. He dressed the wound after the old method of open wound treatment. Now the mans leg is full of pus, swelled as large as two such legs should be, and an amputation will follow. The exhausting suppuration has made the man a perfect skeleton. If he outlives the amputation it will be something for this ancient surgeon to "crow about how he pulled him through," and how many minutes it took him to perform the operation.

The modern surgeon under the present teaching of antisepsis would not take such a case, wire those bones together, apply the proper dressings, using the necessary antiseptic precautions, and feel perfectly safe in promising that man that he would recover with but little trouble. The dressings would remain for some weeks unchanged unless some indication for their removal be indicated by temperature and pulse, which seldom occurs if the dressings and above precautions are fully carried out. While in New York last spring I witnessed an operation by McBurney, amputation of the thigh (disarticulation) after Wyeth's method. There was scarcely a teaspoonful of blood lost. The following Saturday this case was presented to the class with the wound almost entirely healed except the hole where the drainage tube was. No pus, no sloughing, no smell. We have cause to be proud of our most noble profession. I could write accounts for a month of such successes as the above, which should convince anyone with ordinary intelligence of the great blessings derived from the progress and steady advance of modern surgery and antisepsis. One of my teachers used to often say, "Gentlemen, scientific antisepsis is after all only an exaulted degree of cleanliness, a wound is merely put in such shape that nature can do its work uninterruptedly."

Let a young surgeon turn a deaf ear to all who decry the antiseptic treatment of wounds. Let him receive the light which shines so brilliantly from our noble teachers, who have made wound treatment a safe and satisfactory work. What was a very dangerous wound a few years ago has become simple and almost devoid of inflammation. We have placed in our hands one of the greatest blessings of the age. We can now save life and prevent suffering. Gentlemen this is a noble work, let us do all we can for suffering humanity. Don't let us shoot with the old flintlock when we can use a winchester just as well.

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Points on the Treatment of Epilepsy.

An Abstract of a Lecture delivered before the Class of the Kansas City Medical College, at the City Hospital,

By S. GROVER BURNETT, A.M., M.D., Kansas City, Mo.,

Lecturer on Diseases of the Nervous System, Kansas City Medical College.

REPORTED BY S. COLFAX SANDERSON.

Gentlemen:—At our last meeting we had concluded the consideration of of the general symptomatology and the principal ætiolgical factors of epilepsy. In this lecture our remarks will be confined principally to the treatment of this affection, making sufficient bearing, however, upon the the pathology and ætiology to make our remarks practicable. This case here before you is one of the cases presented to you previously, but as the treatment was not then mentioned, I desire to bring him before you again to illustrate one point in the past methods of the treatment of epilepsy. The first to attract our attention is the man's peculiar complexion; this is characteristic of the systemic condition resulting from the prolonged and injudicious use of argenti nitras. At one time the nitrate of silver was given heroically, but at the present time is considered to be of little or no value whatever in the treatment of epilepsy. Unfortunately in dealing with epilepsy, we have no standard or uniform pathology to reason from. Therefore we consider it first as a symptomatic affection which may result from numerous pathological conditions. Of organic or symptomatic epilepsies, we find them arising from encephalic and nonencephalic or peripheal diseases; traumatism may give rise to either form of the disease. Frequently toxæmic conditions are to be held directly and indirectly as potent factors concerned in the genesis of epilepsy. Uremia is probably the most productive in this condition, and the diathetic diseases, such as gout and rheumatism, are held responsible by some writers as also being influential. However, these are usually easily recognized and a proper analysis of the indications will enable us to establish a rational line of treatment.

But, again, unfortunately for our easy progress, we find a stumbling block in the form of a class of cases in which we can find no gross lesion or toxæmic state present; hence, for convenience sake, we call this idiopathic until we can do better. However, I am glad to say scientific and pathological researches are throwing some light on the subject and each year the number of idiopathic cases are becoming reduced.

Dr. Seguin reported a case illustrating this point conclusively. The patient, a physician's wife, was for a long time under the care of Brown Sequard, and during this period was examined by many eminent men. Her seizures were both severe and mild, characteristically epileptic, were bilateral and accompanied with an ascending epigrastic aura. All indications present were purely and simply that of a common epileptic. Shortly after the patient came under Dr. Seguin's observation, there were hemi-symptoms developed, such as numbness, anæsthesia and paresis, and subsequently chocked disc appeared. The post mortem revealed a gliomatous tumor occupying the left thalamus and internal capsule. Dr. Seguin believes this growth to have been present from the first, some eleven years before, that it grew slowly in the beginning and finally took on a rapid growth.

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From this, then, we can understand how we may be led to consider an affection of this character as being idiopathic at first, which may in time develop its real organic significance

We find the idiopathic form presenting itself for study in several phases, all of which we are forced to look at with a certain amount of indefiniteness. The first to attract us is the presence of some hereditary tendency which may be either direct or indirect. There may be a parental history of over-indulgence and debauchery, excessive sexuality and alcoholism, perhaps syphilis, and added to this a most potent factor, namely chronic starvation.

In examining cases, I usually look for some of the following, viz., cranial asymmetry, microcephalus, rachitis in children, hydrocephalus, and a history of forceps delivery, or an asphyxial state at birth, with or without convulsions.

Reflexes demand a word, and in this instance I would impress upon you the importance of not being led into one-sided reasoning through the influence of various popular crazes, such as eye strain, uterine or ovarian irritation. At one time the profession resorted to the wholesale castration of women for the cure of hystero-epilepsy.

As great a craze, however, has been known to the professicn, is that inaugerated by Dr. Stevens and fanned to a flame by his friend, Dr. Ranney, of New York. I refer to the indiscriminate cutting of eye muscles by these gentlemen for the relieve of eye strain, which they consider a direct cause of epilepsy and various diseases of the nervous system. Dr. Stevens persuaded himself that eye strain, due to imperfect accomodation, was the key note to the genesis of epilepsy, and his procedure was that of withdrawing the bromides, cutting the eye muscles and giving glasses. As a result of blind enthusiasm fully fifty per cent of recoveries was reported; of course the profession was astounded. A commission was appointed by the New York Neurological Society to test the efficacy of a procedure which promised such a renovation of degenerated humanity, the same to be done conjointly with Dr. Stevens. After a period of two and a half years, they made their report in November, 1889, to the society, which report consisted of, I think, nine cases, not one of which was cured, three slightly improved, and the remainder were unimproved. There were other cases not included in this report, as they becamp much worse after a short period of treatment and withdrew from the cause rather than be sacrificed to science in an unscientific manner.

This one-ideaism, though still in progress, is certainly void of any practically scientific advancement, and must ultimately find its usefulness confined to a more limited field than that claimed for it by Dr. Stevens and his disciples.

While I make war on crazes and mono-ideas, do not infer that I discard all irritations from this consideration, for I believe they have their injurious effects and must be sought for and removed; they may be due to various causes, such as ovariam or uterine disorders, a phimosis, eye strain, nasal polypi, etc. These certainly are not to be overlooked, but while they are attracting your attention, do not lose sight of your primary disease (the epilepsy), which is slowly but surely blotting out both the intellectual and physical forces of your patient.

Irritations in epilepsy act about as follows: They are constantly sending nervous impressions to an already anæmic and functionally crippled group of corticle cells. These become surcharged, due to the accumulation of these abnormal impressions, the equilibrium of energy and the restraining power of energy is overcome, and as a natural consequence an explosion of nerve force

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(a fit) takes place. This disturbance of celluar force may at first be localized, but when the equilibrium between the generation of force and liberation of force has been overcome in a single convolution, and the explosion takes place, its tendency is to disturb the equilibrium in the adjoining convolution, and should it spread from one gyrus to another we may have the entire corticle area implicated and a general convulsion resulting, though, as just stated, the morbid process to begin with may have been, in a sense, localized. From this, I trust, you will be practical in your summary of conclusions on this subject and put the secondary or irritative phenomena in the category to which they belong.

In idiopathatic epilepsies, then, I would say, be rational in your plan of treatment; be searching in your examination and eliminate all discoverable secondary causes, and in connection with this do not overlook the hygienic conditions. The regulation of the diet is of great importance; avoid all indigestible material and advise a mild and nutritious form of food.

Be guarded in your reports as cured. Seguin and others report cases where the seizures have returned after an immunity of from three to eleven years; hence, while the convulsions may have apparently ceased, showing our ability to control them and hold them in check, their tendency to return after so long a period of absence would indicate the difficulty of entirely eradicating the real seat of the disease.

MEDICATION.—In adopting a line of treatment do not be in a hurry, but take plenty of time, see your patient often for the purpose of adjusting the dose, studying the case well, and observing the indications and contra-indications. Many drugs have been used, but our time is limited and we will confine our remarks to the use of the bromides principally. Remember we do not prescribe the drug as an *enemy* to the disease, but it is given for the purpose of overcoming the excitability, and thereby bringing the hypersensitiveness of the corticle cells to within a point of control. That we may accomplish this without plunging our patient into a deplorable state of bromism is no easy matter, unless extreme care be taken at the commencement so as to find the exact dosage required to bring about a condition just short of the bromic stage.

The "haphazard" plan of seeing a case once or twice and prescribing a bromide three times a day as is so often done by a certain class of physicians, is a very injudical line of procedure and merits severe criticism to say the least; the patient is sure to either get too much or too little of the drug, both of which are deleterious, and must bring discredit upon his physician sooner or later.

DOSAGE LAWS.—First—Your success will depend largely on your ability to observe indications and contra-indications. We find different individuals given different systemic effects from equal doses of the drug; for instance, a young woman twenty-three years of age being given three fifteen-grain doses for ten days, came readily under the pysioligical effect of the drug, when on the other hand I have given from sixty to two hundred grains a day in other cases without any serious effect.

Second.—Physiological experiments are always based upon the size and weight of the animal; hence, we should remember this in prescribing for adults and children, for their capacity for withstanding the drug will be in accordance, or proportionately, to the weight and size of the individual, with the exception of children seven years of age and younger. Under this age, clinically, it seems they bear larger doses, proportionately, than do adults, of both

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the bromides and iodides. This is explained on the grounds that while so young the assimilation and elimination are more active than at more advanced ages.

Third.—Organic heart disease, cerebral neoplasm (or anything organic pertaining to the brain), weak heart, sluggish circulation, all of which increase the tendency to bromism by reducing the general vitality of the patient. This then renders the examination of the heart and circulation imperative to successful prescribing, and it is the recognition of such complications that enables us to use auxillary drugs to advantage; in *weak* heart, strophanthus should be given (see article on strophanthus, by the author, in Kansas City *Medical Record*, October, 1890); in *organic* heart disease, digitalis is indicated.

Fourth.—The third therapeutical factor to be accomplished is to keep the patient just short of bromism. Impending bromism should be readily recognized, but do not depend on the acne as a guide, for it is of little value. Acne depends more upon a peculiarity of the patient for its production than it does upon the amount of the drug taken; abnormal conditions of the sebaceous glands, deficient activity of the skin, and imperfect action of the excretory organs generally are potent factors in the production of acne.

Where acne is annoying or severe it may be prevented or relieved by the use of Fowler's solution of arsenic, providing the bromide is given properly diluted. The indications of bromism are, loss of reflex action of the fauces and soft palate, dull, listless and lethargic state, weakened heart and circulation, weakness of muscular action, staggering gait and anorexia. Now if the drug be pushed, more severe symptoms are produced, such as increased knee reflex, dementia, imperfect speech, foul breath, hallucinations, possibly active delirium, and prior to death a typhoid condition. From this you will comprehend the importance of keeping the patient just short of bromism and the delicacy required to perfect the same; we must avoid insufficient amount thereby not allowing the nerve centers to regain sufficient excitability to permit of an attack and at the same time keeping your patient out of an undesirable state of bromism. That bromides produce mental enfeeblement and insanity is not received with favor by good authorities to-day. Statistics show that fewer epileptics become demented and insane to-day, when properly treated with bromides, than they did years ago. The inherent tendency of the disease is toward mental degeneracy, and unless active therapeutical measures are installed, insanity dementia ultimately await the epileptic if an intercurrent disease does not end his life.

Fifth.—The choice of bromides and the manner in which they should be given are now to be considered. My hospital experience coincides with the popular teaching of to-day, namely, that a simple bromide is to be preferred to that of any combination of bromides. If there is any choice between the bromides it is in favor of the bromide sodium; chemically one atom contains 78 per cent of bromine, while bromide of potassium contains 53 per cent of bromine. The former is less irritating to the digestive organs and when given well diluted it is not unpleasant to the taste; the latter is a heart depressant, irritates delicate digestive organs, and is unpleasant to the taste. However, it has seemed to me in some instances that the bromide of potassium has been more effective in controlling very severe epilepsies than has the sodium—salt, though I use the latter in the majority of cases. In the hospital we used a solution of a certain known strength, and when we spoke of so many minims or measures, we knew at once the amount of the drug it contained and I have continued to use it on account of its easy calculation; it is one to four:

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℞ Sodi Bromidi.....℥i
M. Aq. ad.....℥iv

One teaspoon contains about fifteen grains.

When the patient tells you he is taking one or one and a half teaspoonsful, calculate at once the amount of the drug he is taking. Combining other drugs with your bromide is no advantage and only tends to complicate the dosage system. Water is the best and only vehicle that I use and advise for the administration of the bromides, and the more diluted the solution is, the better it is for the patient. Many times during my early practice have I had to deal with very unpleasant gastric symptoms due to giving the bromides in too concetrated a form. I direct a patient to take from half to a tumblerful of water to be used in the administration of from fifteen to thirty grains of the drug, and that this should be taken at leisure. It is not desirable to throw it all into the stomach at once. This mode of administration prevents irrritation and facilitates absorption, and the excessive fluidity promotes elimination, thereby being a prophylactic to the acne with which we so often have to contend. There is some advantage in using some of the alkaline waters or rendering the water alkaline by the addition of a few grains of bi-carbonate of soda.

Sixth.— *When to administer the drug* will vary with each case. In order to ascertain this point, as much information as can be obtained from the friends and patient is essential, and for a time the case must be studied with a view to finding out at what particular time in the twenty-four hours the seizures are most apt to occur. Also if there is any tendency to periodicity in the occurrence. To accomplish this, I find the table given below of much assistance. So far as I am aware, this form of recording these cases is only used by myself. You will observe it gives the date, day of the week, and which six hours in the twenty-four to which the convulsion belongs; also if the seizure is of the petit-mal or grand-mal variety. Such a record will often be found of utility in after treatment, as it may enable us to anticipate series of seizures and ward them off:

NOVEMBER, 1890.

	Sunday.		Monday.		Tuesday.		Wednesday.		Thursday.		Friday.		Saturday.	
	A M	P M	A M	P M	A M	P M	A M	P M	A M	P M	A M	P M	A M	P M
DATE	2		3		4		5		6		7		8	
MILD.....		1								1				
SEVERE...		2		3		1		2				1		1
DATE	9		10		11		12		13		14		15	
MILD.....								1				1		
SEVERE...						1								
DATE	16		17		18		19		20		21		22	
MILD.....				1										
SEVERE...												1		

The author's table illustrating a three week's record, showing number of severe and mild convulsions, and each recorded in the period of six hours of the twenty-four to which it belongs. By the addition of dottedlines to each A. M. and P. M. a record of every three hours in the twenty-four could be kept. You will observe by the end of the first week the severity of the seizures was changed.

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Where we are able to anticipate the attacks I prefer giving most, if not all, of the bromide required to influence the patient for the twenty-four hours, from four to six hours prior to their expected development. This may be termed the expectant plan of treatment, but it is also the expectant plan that gives us so much success in treating malaria with quinine. Diurnal and nocturnal attacks frequently come on with marked regularity and the table will at once show to which side of midnight or mid-day each seizure belongs. When they come on before midnight I prefer giving the entire amount of the bromide, required to influence the patient for the twenty-four hours, in the early part of the evening so as to get a full bromide effect just prior to the expected attack. Again if the fits come on in the after part of the night, or just before rising, I direct the patient to be awakened in time to receive his full dose whereby the seizures are often prevented. This habit must be broken if you expect to benefit your patient. When we have an irregularity of the development of the attacks then we must give the drug at stated intervals in sufficient amount to keep the nervous system in an even state of quietude and non-irritability. The drug administered in the morning, on rising, is readily assimilated, and this is a good time to give it, unless it irritates the stomach; should it do this then you must wait until food has been taken into the stomach. Bromides and iodides are not borne well by many on an empty stomach, and this is important to remember as our digestive process must be preserved.

After obtaining the required amount of the bromide to ward off the attacks the patient may go a long time without any change in the dosage system already established. In females, however, we frequently find the attacks undergoing some change just prior to, during, or following the menstrual period. In such an instance I anticipate the period, and increase the dose for the time being, and often prevent, or mitigate, this exacerbation. After a few days are past then you should substitute the original dose again until the approach of the next menstrual flux when the prophylactic plan should be repeated. For instance, if the usual dosage is from fifteen to thirty grains a day I increase the amount to forty, sixty, or more grains for the few dangerous days of menstruation. We have other instances requiring both increase and decrease in dosage that should be here considered, though the continuous dosage is the feature to bear in mind.

Increase is necessary, First—After prolonged use of drugs in young persons, for here we have increase in weight and size, which physiologically demands an increase to preserve the same systemic effect, unless convalescence has taken place. In girls the development of the menses require increased dose.

Second—Anything fatiguing or exciting should be preceded by an extra dose, such as going out on a short journey or attending an entertainment of some kind. It is by attending to these little things that we are enabled to break up the spasmodic habit which eventually brings success. The dose should be decreased from various causes; first an immunity from the attacks for three years justifies a decreased dose to be made very gradually so that by the end of the fourth year, in favorable cases, the medicine may be discontinued during the active period of the acute affection. My friend Dr. Powell relates a case recently of a chronic epileptic who received a fracture of a limb, and by some, it was thought peculiar that the patient had no more seizures for the time being; this is simply one of the peculiarities of epilepsy. The details

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here given may seem a little prolonged but when I tell you that they are not to be found in your books on this subject, and that your success in medicine will be the outgrowth of your practical knowledge of the *little things* in this connection, I trust you may see the necessity or giving it a kindly consideration.

The question arises should the patient be allowed to carry out his own dosage system? I should say most certainly not for no epileptic is at all times in a proper mental state to consider anything of importance. Mental defects of all degrees are present at some time in various cases. Their memory at intervals is a blank; the patient may have no knowledge of having had a seizure, or a series of seizures, and medication is neglected. Again they think they are getting better and are justified in leaving off the medicine, which of itself, is a sufficient reason for not allowing self administration. It is some trouble it is true for another member of the family to attend to this but if properly done the result often will justify the means.

Frankness, on the part of the physician, in acquainting the parents with the details will often be of utility in many respects. It is not desirable for an epileptic to mingle in society generally; such will certainly bring humility, and probably deletrious results, hence his association should be in the hands of his immediate family, and at the courting period the patient himself should be acquainted with the impropriety of forming matrimonial relations; by so doing much misery may be prevented.

Chloral bromide treatment.—Occasionally we find a case where the bromides alone do not give the desired result; the patient does not do well, he has digestive defects, undesirable degree of dementia may be present with convulsions continuing, severe confluent acne (*ulcus elevatum* described by Seguin in Archives of Medicine, New York, 1882), may be present. It is true this class of cases is not often encountered, but when we do meet with them they are the very ones that bother us greatly and tax our resources.

In my hospital practice we combined bromide with chloral with advantage in these cases; for each grain of bromide reduction from the dose a grain of chloral hydrate was added. The amount of chloral given will vary from three to ten grains, though in the majority of cases it is not necessary to go above six grains at a single dose. To commence on I use about the following combination, viz:

℞ Chloral Hydt. (Schering's crystals).....ℨiij
Sodia bromide.....ℨiss
Aquae, ad.....ℨviij

M Each teaspoonful contains about three grains of chloral and twelve grains of bromide.

The amount of chloral can be increased proportionally as may be indicated. Sometimes the patient manifests a desire to sleep after substituting the chloral, but just let him sleep as no damage is going to be done by it and in a short time it will pass away leaving your patient mentally brighter than when he was confined to bromides alone.

I have intentionally omitted the use of other drugs as our time has been too limited to allow us to deal expansively with so large a subject as this, however, you must be ready in all morbid conditions to recognize the necessity of instituting a general systemic treatment when indicated. I trust from the foregoing that you will understand me as being an advocate of the continuous, systematic, and non-intermittent treatment of epilepsy.

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DEPARTMENTS.

OBSTETRICS AND GYNECOLOGY.

EDITED BY F. G. THOMPSON, M. D., C. M.,
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Antisepsis in Midwifery and Gynecology. Dr. Auvard (*Arch. de Tocologie*, August, 1890) describes his method of insuring clean instruments and preventing them from fouling when packed in their cases and boxes. The handles of the knives are of the same metal as the knives themselves; glass is avoided as much as possible, since it is less easy to disinfect than metal. Friction of instruments after use, with emery powder is purely æsthetic. Soaping and brushing is necessary to wash off visible impurities, but the process does not destroy germs. Immersion in antiseptic fluids not strong enough to damage the metal is good, but not absolutely efficacious. Catheters and forceps may be thoroughly disinfected by fire, the instrument, well cleaned, being passed through the flame of a spirit lamp, or else a few drops of spirit may be poured into the metal box in which the instruments are packed. The flame must be applied for about a minute to the instrument. Boiling water is easily procured and is good for knives, etc., which it does not spoil, but it tarnishes steel and nickel. The most perfect method, however, of rendering these delicate instruments aseptic is the stove. The *autoclave*, or compressed vapor stove, is not so good as a dry-heat stove like Poupinel's. The instruments, laid out in a metal box, should be left for half an hour in the stove at a temperature of 150° C., being 50° C. above boiling point. Dr. Auvard finds that a high temperature blunts the knives. Strong antiseptic solutions alone avail for india rubber and glass tubes. Obstetric and gynecological cases made of leather should not be constructed so that the instruments are fixed in straps against the leather. The instruments should be rolled up in a calico or long cloth sheet, which must be washed at least once a fortnight.

The Value of Deep Incisions in the Cervix, Vagina and Perineum in Difficult Cases of Labor.—Duhrssen (*Archiv fur Gyn.*, Bd. xxxvii, Hft. 2) writes very enthusiastically of the great value of incisions in certain cases of protracted labor where delay is caused by imperfect dilatation of the external os uteri. Artificial dilatation in such cases may be indicated (1) to permit the termination of labor by the natural forces, (2) to prevent threatened cervical tearing, or (3) to make possible an immediate delivery by operative measures. He tabulates the cases in which incisions are likely to prove useful as follows: 1. Closure of the os through atresia. 2. Closure of the os through agglutination. 3. Closure of the os through rigidity of os. 4. Imperfect dilatation from rigidity of portio vaginalis. 5. Imperfect dilatation from feebleness of uterine action. He reports ten cases in which his method was employed. Of the ten children only one died of asphyxia, although several were born deeply asphyxiated. If incision had not been practiced, craniotomy would have been inevitable in several of these cases, and in others the child would probably have perished from the amount of force necessary for extraction. The conclusions which Duhrssen draws may be summarized as follows: 1. In the imperfectly dilated os uteri, incisions are to be made in its margin only if the supra-vaginal portion is fully dilated. Incision is chiefly in primi-

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paræ; in multiparæ only if the vaginal portion is abnormally rigid or cicatrical. 2. Multiple superficial incisions of the external os in cases of atresia or conglutination are indicated if dilatation does not take place. 3. If on account of rigidity of the portio, the partially dilated os does not dilate any further in spite of uterine action, then chloroform should be given, and if the os still remains undilatable, superficial incisions should be made. 4. Careful antiseptic precautions remove the danger of wound-infection, even if labor is protracted. 5. Where there is urgent necessity for the immediate termination of labor in behalf of mother or child, deep incisions must be made in the cervix up to the vaginal insertion. Two or three generally suffice to open the os completely; one upon each side and perhaps a third behind. Very little blood is lost; they do not tear deeper during the progress of labor and are not liable to infection if antiseptic precautions are adopted. By these deep incisions the maternal and fetal mortality is reduced in old primiparæ, in premature rupture of the membranes, in prolapse of the cord, eclampsia or placenta prævia in primiparæ, in version followed by immediate extraction, and in flat or generally contracted pelves where turning of the high forceps operation is to be done. 6. A speculum is not necessary. Two pairs of bullet forceps keep the part to be incised steady and on the stretch. The incision is made with a pair of Seibold's scissors guided by two fingers of the left hand. 7. In primiparæ, where the presenting part still remains high in spite of cervical incisions, one or two deep vagino-perineal incisions may be made, which dilate the lower third as well as the orifice of the vagina. The resistance of the soft parts is thereby overcome and the high forceps operation or extraction by the foot facilitated, and the prognosis for mother and child improved. Such incisions are sometimes useful in kyphotic or funnel-shaped pelves. They are best made with a scalpel, when the vaginal outlet is widely stretched and the head arrested. They should be four cm. long and two to three cm. deep, and should be closed with three stitches after the conclusion of labor.

The Atmospheric Tractor in Obstetrics. On December 26th, 1848, and February 7th, 1849, Professor J. Y. Simpson, of Edinburgh, described before the Obstetric and Medico-Chirurgical Societies of that city, a device for assisting labor which he termed an Air-Tractor. In its first form it consisted of an ordinary metallic vaginal speculum, fitted with a piston and coated with leather at its cone-shaped end. This was finally discarded for a short brass syringe attached to an inner cup of metal which was covered with an outer cup of rubber. The mouth of the inner cup, was covered with a diaphragm of wire, within which was a sponge or flannel, "with the view of preventing injury to the scalp and not allowing it to be elongated and drawn up into the vacuous space in the manner which we see occurring in the skin in the common operation of cupping. Such an instrument when fixed to the palm of the hand lifted readily a weight of thirty or forty pounds. This Dr. Simpson showed by experiments before this society." (Simpson's *Obstetric Memoirs*: Philadelphia, 1855.)

Professor Simpson in his eloquent and thoughtful manner pointed out the dangers incidental to prolonged labor and also to the use of the forceps, and declared his belief that the Air-Tractor would eventually prove a substitute for them in many cases. He explained the well-known principal of atmospheric pressure upon which it was based, and referred to the many in-

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stances in which the same principle is employed by the lower animals, such as the leech, the limpet and the cuttle-fish, to secure their food or to move about. Unfortunately for humanity it did not work, and was finally abandoned by its gifted inventor. So complete was its failure that, although Dr. Simpson lived till 1855, he did not publish any more reference to it, nor is it mentioned even as a curiosity by any of his English or American contemporaries or successors. Dr. Simpson's Tractor failed partly because of the difficulty of operating an air pump within the vaginal canal, and partly because of defects in the construction of the cup. If I had read of his failure, I would probably have considered it hopeless to try further experiments in the same direction. On learning a few weeks ago of Dr. Simpson's efforts, I was at first disappointed to find that I was not, as I had supposed, the first to suggest its use. After further consideration, however, I think it will be admitted to be as great an honor to have succeeded where so brilliant an obstetrician and so able a man as Professor Simpson had failed, as to have evolved the original idea. I began the study of the subject in 1885, in the hope of finding some means of preventing the annoying retrocession of the head. Reflection and observation led me to the conclusion that atmospheric resistance is the principal factor in producing this retrocession, and is in many cases a potent factor in delaying delivery. That the retrocession of the head is due to atmospheric pressure almost altogether and only in a small degree to muscular resistance or pelvic rigidity, must be obvious to those who have felt the head stop and recede before it had reached the pelvic floor and while it was still suspended in space, a half an inch or more above the muscles. Being convinced that atmospheric pressure is one of the principal causes of delayed labor, and knowing that there is nothing more easily displaceable than air, I began to work upon the problem of how to lessen or remove it during labor. I am convinced that I have succeeded, and that the atmospheric tractor which I have the honor to demonstrate before you this evening will inaugurate a new era in the history and practice of the obstetric art. It will be, not only a substitute for the forceps in cases in which instrumental aid is absolutely necessary, but it will also be an indispensable assistant in cases which are usually left to the tedious and painful efforts of Nature. With it the physician can dispense with anæsthetics and reduce the expulsive stage of labor to a few minutes instead of hours, the agony of child-birth will be reduced to an infinitesimal degree without incurring any risk or inflicting any injury on either the mother or the child, and many lives will be saved which would otherwise be lost.

The operation is extremely simple. It consists in applying a cup or concave disk of rubber or other air-tight flexible material, to the child's head, and creating a vacuum within or beneath it, so that it will be firmly affixed to the head by atmospheric pressure, and then making traction on the handle of the cup or disk. Any amount of desired power can be obtained by employing a cup of sufficient area. The normal pressure of the atmosphere being fifteen pounds to the square inch, it is obvious that the tractile power capable of being exerted through a cup or disk of four square inches of area, and within or beneath which a vacuum has been formed, will be sixty pounds. The cup which I have here covers when expanded a surface of about five square inches. If the vacuum beneath it were perfect, and if the surface to which it is affixed were homogeneous, polished and solidly coherent, it would furnish a tractile force of almost seventy-five pounds. Allowing fifty per cent. for the loss of power consequent upon the elasticity of the cup, the flexible character

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of the scalp, and the mechanical impossibility of producing a complete vacuum, there will still be left a force of thirty-seven and a half pounds, which when properly applied is more than sufficient to quickly and safely terminate any case of labor.

The problem in labor is to move a two-pound head two inches in one direction and eight or nine inches in another, through a channel, the walls of which are soft and yielding and covered with an unctuous secretion—conditions which reduce the element of friction to the lowest point. The occiput is only required to traverse the depth of the pubic symphisis, while the forehead and chin must traverse the entire depth of the pelvic cavity and extended perineum. It is obvious that the most rational way of accomplishing this complex movement is not to attempt to make the head advance as a whole, but to move one end first and then another. With the forceps the head must be moved more or less as a whole along the imaginary curve of Carus. With the forceps, practically nothing can be done but to pull. Rotation may be attempted, but in trying to perform it the points of the blades may, and often do, inflict serious injury upon maternal tissues. With the Atmospheric Tractor nothing is more easy than to apply it to the upper portion of the head and bring down the occiput. It may then be applied to the lower portion of the cranium, and the forehead and chin may be easily drawn upwards and outwards, and delivery completed. The principal objections which may be urged against the use of the tractor are: 1. That the hair on the child's head will prevent it from being firmly applied. 2. That it is difficult to apply. 3. That its application will require injurious pressure. 4. That when applied it will exert injurious pressure. 5. That it will act as a cupping glass, producing an unsightly swelling, or even—as has been thoughtlessly asserted—"draw out the child's brains." 6. That in using it the scalp might be torn off. 7. It will carry infection. The first of these objections I will dispose of by a practical illustration. (Dr. McCahey here affixed the tractor on the head of an infant six weeks old, and after moving it around a cot that had been provided for the purpose, lifted it up in the air two or three times, the tractor remaining in position all the time and the child apparently suffering no pain.) As to the second objection, as you have just seen the tractor is not difficult of application. As to the third, the amount of force necessary to create the desired vacuum is less than ten pounds at starting and decreases to almost nothing as the air is driven out of the cup, and it is exerted not on the head, but on the air within the cup. The tractor cannot exert injurious pressure on the head. With it on the head there is no more pressure upon the area it covers than before it was applied. It will not act as a cupping glass, because it is applied flat against a large area. It will not produce an unsightly swelling, because there is no cavity into which an effusion can take place. There is no danger of detatching the scalp because the tractor is not sewed or glued to the skin. It is affixed against it by a certain atmospheric pressure. The danger from infection is absolutely nil, if ordinary cleanliness be observed. After using the tractor all that is necessary to purify it for the next case, is to place it for a few minutes in boiling water or any antiseptic solution. I have used the tractor in five cases, and in each case effected delivery with it in five minutes. Without it labor would have been prolonged in all for hours—hours of suffering to the mother and hours of more or less anxiety to the attendant. An instrument capable of producing such beneficial results is certainly to be universally employed within a comparatively brief period.—*Peter McCahey, M. D., in Med. and Surg. Reporter.*

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GENERAL MEDICINE.

Sir Joseph Lister on Koch and His Methods.—After some preliminary remarks about his journey to Berlin, Sir Joseph Lister said that the effects of Koch's treatment upon tubercular disease were simply astounding. As an example, he cited cases of extensive lupus of the cheek, in which two days after the injection the diseased surfaces became covered with crusts of dried serum, with no inflammation elsewhere. In cases of strumous glands in the neck the injections caused swelling of the glands with redness of the skin over them and pain. In gelatinous disease of the knee-joint similar effects are observed, only the tubercular tissue being affected.

The systemic effects which follow the injections are severe for a few hours, and consist in transient fever, pains in the limbs, shivering, nausea, and sometimes vomiting. The usual dose of the lymph is one-thousandth of a gramme diluted with water to one gramme. The method is useful in the diagnosis of suspected latent tuberculosis. The therapeutic effects on lupus are separation of the crusts, leaving a more or less sound scar. In tubercular joints the swelling diminishes. In phthisis the sputa becomes scantier and more mucous, the bacilli diminish in number, the sweats disappear, the patient gains in weight, and the physical signs of pulmonary tuberculosis vanish. The important questions are, How far are the effects permanent, and What are the limits to the curative power? Diseased tissue is expelled by sloughing or is absorbed; spontaneous expulsion of deep-seated caseous masses being impossible. Fresh infections would demand further and indefinitely prolonged treatment for the production of immunity from tubercular infection.

If it is true that the living but diseased tissues surrounding the tuberculous masses are acted on by the remedy, and are rendered capable of resisting the development of bacilli, then caseous masses would remain harmless as regards further infection, and tubercular disease would be definitely cured, for immnnity is wanted to make the treatment perfect. Immunity has been attained in guinea-pigs by very large doses, and perhaps could be attained in man by gradually increasing the size of the doses. Acquired tolerance is best shown by the greatly increased dose borne after several injections. It would seem probable that by steadily pushing the dose a degree of tolerance might be attained equal to immunity.

Sir Joseph Lister then continued as follows: It is nothing but the fear that by publishing now the specific mode of preparing this material he might do immense harm instead of good that prevents him from making it known, and I must say that the carping criticism against Koch, on account of what is spoken of as a "secret remedy," can only proceed from absolute ignorance of the beautiful character of the man. If it should happen that, as with other diseases to which I have referred, so with tubercle, complete immunity should be obtained by means of some inorganic chemical substance which anyone can prepare, then would be achieved the complete triumph of the treatment of tuberculosis; and, for my part, I rejoice that we are permited to look forward with hope to that glorious consummation.—*Special Cable to Med. News.*

Lupus and the Lymph.—Now that a considerable number of lupus cases are under treatment in the various institutions of this city, it has been noted that the results of the lymp inoculations are quite marked, and apparently much benefit has resulted to those experimented upon.

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The question of the nature of lupus is of growing interest and importance. It is a very noticeable fact that, although in almost all the recent writings and discussions of the subject lupus is treated of as a disease identical with tuberculosis of internal organs, little or nothing has been said against this view. As we have already mentioned in these columns, the theory is one which has not received universal acceptance. In a paper read at a meeting of the American Dermatological Association, some years ago, Dr. Hyde, of Chicago, took decided grounds against the idea that lupus is a disease chiefly associated with tuberculosis, bnt that it is a local infection having no connection with any constitutional diathesis. For this belief he advanced the following ground:

1. The unimpeachable character of the family history in by far the larger number of cases of lupus vulgaris. 2. The fact that the disease is in its inception a disease of the period of childhood, when, for the most part, the habits of the child are favorable to infection. 3. The several sites of predilection are those most favorable to such infection (local). 4. The failure of the disease to spread by inheritance. 5. The remarkable tendency of lupus vulgaris to cutaneous limitation.

On the other hand, at the International Congress held at Copenhagen, Professor Doutrelepont maintained that lupus is really a tuberculosis of the skin. He was opposed at this time by Kaposi, who, during a twenty years' experience, had seen one thousand two hundred cases of lupus, and had never noticed any connection between it and tuberculosis. Many of those at the present day who believe that lupus and tuberculosis are not identical diseases, still admit that there must exist an intimate relationship. If the bacilli found in the two processes are not the same, they must be at least first-cousins, and the experimental treatment now in process, if it does not prove positively and permanently curative, may at least serve to clear up these disputed points.

Reported cures of lupus have already been made, but keeping in mind the well-known tendency of the disease to recur, we should not be more hasty in pronouncing a given case cured under Kochine, as the lymph is now facetiously called, than after treatment by the older methods. Time, and time alone, will prove the cure, and this is quite as true of lupus as of phthisis. *Med. Rec.*

The Limitations of the Curative Lymph.—It is now over three months since Professor Koch began the experiments with his lymph upon man. This is almost a sufficient time to determine whether consumption in its earliest stages can be cured. Professor Leyden has treated 127 cases, Dr. Guttmann 75 cases, Professor Gerhardt 79. All of these are, in addition to the cases first treated, directly under Koch's supervision. Among these 281 cases we hear of four deaths, while Dr. Guttman announces four cures. Most of the remaining cases are simply "doing well."

If any experienced physicians were to treat 281 cases of phthisis in the very initial stage by methods already known there is very little doubt that much better results could be obtained, even within two or three months, than a simple 1 per cent of cures. So far, therefore, it must be conceded that Koch's lymp has shown no special remedial power against pulmonary tuberculosis. There is a belief that it is more effective against laryngeal tuberculosis, but we hear as yet of no announced cures.

Its specific effect upon lupus is, so far, quite interesting. Temporary "cures" have certainly been produced by it.

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The severest criticisms upon the action of the lymph come, naturally perhaps, from the Paris physicians. Pasteur is quoted as saying:

"Up to this moment there has not been a single authenticated cure, not even of lupus. Dr. Bergmann himself has seen a patient suffering from lupus return to his hospital fifteen days after having been discharged as cured, a severe relapse having occurred even within that brief interval. Moreover, there is no real certainty as to the consequences of the treatment. The medicament is of an unheard-of virulence, and the reactions which it brings on are terrible. No venom from a snake, if administered in such small doses (two-tenths of a milligramme), could cause such results. We have therefore a toxic of such indomitable energy that it may introduce into the organism disorders the consequences of which no one can surmise, and have yet to be studied. You may have seen a report in the medical papers of yesterday that albuminuria and hæmaturia have been found in a patient who had been treated for tuberculosis to very small doses of this lymph. In fact, it is the kidneys that are particularly affected by it."

Pasteur, referring to the early publicity given to Koch's method of cure, says in conclusion:

"Whatever happens you may be perfectly certain that the Ecole Bactriologique Francaise will not imitate their example. So long as the results of its investigations are unascertained we shall be silent. So soon as a single point shall have been perfectly established we will report the fact in detail to the Academie de Medecine."—*Med. Record.*

Dosage, Method of Injection, and Symptoms Produced by Subcutaneous Injections of the Lymph, as Stated in Koch's Paper.—The remedy is described as a brownish, transparent liquid, which does not require special care to prevent decomposition. For use this liquid must be more or less diluted, and the dilutions are liable to undergo decomposition if prepared with distilled water, hence the diluted liquid must be sterilized by heat and preserved under a cotton-wool stopper, or prepared with one-half per cent solution of phenol, or best of all, obtained freshly made for each experiment. The dosage of the remedy varies according to the age and physical health of the subject. Animals—healthy guinea pigs—bear an injection of two cubic centimetres without being sensibly affected. On the other hand, 0 25 cubic centimetre produces intense reaction in a full-grown, healthy man. One-fifteen-thousanth part of the quantity, which has no appreciable effect on the guinea pig, acts powerfully on the human being. The smallest quantity which will influence the healthy human being is about 0.01 cubic centimetre, or one cubic centimetre of the one-hundredth dilution. If the subject is tuberculous, a dose of 0.01 cubic centimetre, injected subcutaneously will cause severe general and local reaction. In children from two to six years, one-tenth of this amount should be administered, i. e., 0.001 cubic centimetre, and in very feeble children only 0.0005 cubic centimetre. The symptoms arising in a healthy individual from a subcutaneous injection are summarized by Koch as follows: "Three or four hours after the injection there came on pain in the limbs, fatigue, inclination to cough and difficulty in breathing, which speedily increased in the fifth hour, and were usually violent. A chill followed, which lasted almost an hour. At the same time there were nausea, vomiting, and a rise of body temperature to 39.6° C. (103.3° F.). After twelve hours

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all these symptoms abated, the temperature fell, and on the next day it was normal. A feeling of fatigue and pain in the limbs continued for a few days, and for exactly the same period of time the site of the injection remained slightly painful and red." The general symptoms when an amount in the dose already quoted is given to a tuberculous patient, are these: Rigors, fever (39.41° C. 102 2°-105.8° F.), pain in the limbs, coughing, great fatigue, sickness, vomiting; in severe cases an icteroid discoloration and an eruption like measles. The attacks last twelve to fifteen hours, and afterwards the patients feel comparatively well. The local action of the remedy as studied in a case of lupus shows after a few hours swelling and reddening of the diseased area, a process which goes on increasing during the fever until the tissue may become brownish and necrotic. After a time (two or three days) the swelling subsides, the lupus spots are covered with a soft deposit which dries, changes to a crust, and falls off in two or three weeks, leaving a clean red cicatrix. The remedy has no effect if introduced into the stomach, but must be given hypodermically most suitably with the syringe which Koch has devised for bacteriological work. The chosen site for the injection is the skin of the back between the shoulder blades and in the lumbar region, in which situations there is the least local reaction and the greatest freedom from pain.—*Deutsche medicinishe Wochenschrift.* Special cable dispatch to the *Medical News.*

Note on the Virile Reflex.—If you take a perfectly healthy individual, whose spinal cord is entirely normal, especially in its genito-spinal center, and place him on a couch without head-rest, supine, and nude about the loins, and make the sheath of the penis tense by clasping the foreskin with the left index finger and thumb at about the place of the frænum, and pulling it firmly towards the umbilicus, placing the middle, ring and little finger low down upon the dorsum of the virile organ, for perceptive purposes, and then sharply percuss the dorsum or sides of the penis, near the perineal extremity, a quick and very sensible reflex motor response or retraction of the bulbo-cavernous portion will be felt to result from this sudden percussional impression, like that which follows, though less pronounced, in the testicles, after sensory irritation of the inner aspect of the thighs, and known as the cremasteric reflex. The reflex jerk is away from the irritating impulse, though it is down towards the perinæum in the penis reflex, while it is upwards in both the cremasteric and patellar tendon phenomena. I have not seen this phenomenon described before. This reflex symptom is of important clinical and physiological significance. Its full value for diagnostic or prognostic purposes have yet to be determined by further investigation than I have given it. But I have learned enough to confidently commend it to neurological clinicians. I have called it the virile reflex, because it seems to be actively present in all healthy adult males with normal spinal cords, whom I have examined, and absent in infants and feeble, or absent in male children who have not attained the age of puberty. A number of years ago I ventured the assertion that the absence of the cremasteric reflex would be found of significance in the determination of impaired virility from sexual excess and masturbation. This subsequent experience has only confirmed. Now this new sign—the penis percussion reflex—present, impaired or absent, gives us another valuable evidence of the vigor, impairment, loss or abeyance of the sexual powers in man. After prolonged excessive venery it becomes impaired or disappears to return again with sexual recu-

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peration. After excessive masturbation, long continued, with accompanying neurasthenia, I have found it impaired, but seldom entirely absent in young subjects. It is not impaired in masturbation when the habit has not destroyed the sexual power. It disappears in some cases of chronic meconism, and becomes abeyant in long and beastly intoxication, though often excitable in acute alcoholism. This subject needs further investigation. It is lowered and abeyant in the latter stages of typhoid fever, and I have found it also in the moribund state. I have found it absent in old men who have acknowledged and sought treatment for entire virile incapacity. It is often, but by no means uniformly found in sympathy with the other reflexes of the spinal cord disease of the lumbro-dorsal spine, as the quadriceps extensor femoris tendon reflex, the anal, vesical and cremasteric reflex, the achilles reflex and the ankle clonus. A kind of erector penis clonus, characterized by a succession of jerks, continuing after the percussion or while the foreskin is kept stretched, much like the characteristic ankle clonus, having been elicited in one case of transverse dorsal spinal myelitis with double ankle clonus only to fade away as the ankle clonus disappeared. I found it absent in another case.—*Hughes in Alienist and Neurologist.*

Diet for Diabetics —Arranged by Bransford Lewis, M. D., Lecturer on Genito-Urinary Diseases, Missouri Medical College, St. Louis.

ALLOWED.	PROHIBITED.
All kinds of meats (except liver). Poultry, all kinds of game.	Liver.
All kinds of fish, fresh or salt, sardines. Oysters.	Sugar, in any form.
Eggs in any style (without addition of flour, starch or sugar.)	Starch, in any form.
Fats and fatty meats.	Sauces containing flour, sugar or starch.
Butter, cheese.	Cakes of all kinds.
Soup (without flour or the prohibited vegetables.)	All cereals, such as cracked wheat, oatmeal, mush, cerealine, etc.
Celery, cabbage, cauliflower, string-beans, asparagus, lettuce, spinach, mushrooms, radishes, cucumbers (green or pickled), young onions, water cresses, slaw, olives, tomatoes.	Potatoes (either Irish or sweet), corn, carrots, turnips, hominy, parsnips, beans, peas, beets, rice.
Graham bread, rye bread. Occasionally stale light (white) bread.	White bread, corn bread, white biscuits.
Acid fruits, such as oranges, lemons, apples, plums, cranberries, currants, cherries, strawberries, gooseberries (sweetened, not with sugar, but with saccharine and sod. bicarb.)	Pears, peaches, grapes.
Gelatine (without sugar.)	Sweet jellies.
Almonds, walnuts, Brazil nuts, hazel nuts, filberts, pecans, butternuts, cocoanuts.	Chestnuts.
Salt, vinegar, pepper.	
Drinks: Coffee, tea (without sugar), skim-milk. cream, soda-water, (without syrup). mineral waters of all kinds, but especially vichy.	Malt liquors, beer, ale.
Claret, Rhine wine.	

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MATERIA-MEDICA.

Notes Upon Somnal, The New Hypnotic. Last fall Radlauer,* of Berlin, brought to the notice of the medical professsion a new compound to which he gave the name of Somnal, in acknowledgment of the remarkable hypnotic properties which it appeared to possess. It was formed by the union of chloral, alcohol and urethane, according to the original notice,† but is not a simple mixture of these bodies. It differs from chloral-urethane by the addition of C_2H_4, its formula being $C_7H_{12}Cl_3O_2N$. The method of manufacture is by direct combination of chloral alcoholate and urethane in a vacuum apparatus, according to its discoverer, who states‡ that its composition might be graphically represented thus:

$$CCl_3—C(OC_2H_5)(H)—NHCOOC_2H_5$$

Specimens of this new hypnotic having, through the courtesy of Messrs. Eisner & Mendelson Co., been placed in my hands for examination and trial, I will very briefly communicate some of the results thus far obtained, reserving my final judgment upon the drug until experience has been more extended.

Physical Characters. Somnal is a colorless liquid, resembling chloroform in its appearance and behavior when added to cold water, in which it forms globules and refuses to mix or dissolve. When shaken with water the mixture is milky, but quickly separates. It is soluble in hot water and alcoholic solutions, and dissolves resinous substances and fats. The odor is faint, not very penetrating or disagreeable, and resembles that of the spirits of nitrous ether or recrystallized chloral. The taste is very pungent; and for administration it needs free dilution. It may be given with whisky or solution tincture of zingiber or syrup of licorice. Somnal is inflammable, burning with an alcoholic flame; it does not evaporate quickly, and leaves a greasy stain upon blotting paper. Specific gravity greater than water; reddens litmus paper slightly.

Physiological Effects. In its action it resembles chloral in quickness of effect and naturalness of the sleep produced. No marked depressing influence was exerted upon the pulse or respiration rate, though it was noticed that the breathing became slower and the pulse slower and fuller as in natural repose. No disagreeable after-effects. The head was clear and the stomach was unaffected; the patients generally had an appetite for breakfast. No constipating effect. The kidneys acted rather more freely than usual. My colleague, Dr. Earnest Laplace, to whom I gave some of the drug for trial at the Philadelphia Hospital, writes as follows:

"I have given somnal a fair trial upon six patients at the Philadelphia Hospital. In no case were the patients told what was given them, so outside of the bare possibility of the patient's falling asleep through natural causes, somnolence was brought on by the drug. It was administered in a solution of tinct. zingiberis, in half-teaspoonful doses, and was found palatable.

"Administered at 4 p. m., at a moment when patients were not generally asleep, in four cases sleep came on within half an hour, which lasted from five

* Zeitschrift des Apothekers-Vereins, Nov., 1889.
† Journal de Medecine, Oct. 20, 1889.
‡ Pharmaceutical Journal and Transactions, Nov., 1889.

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to eight hours; the two other cases showed no effect from the drug. It is their habit to get at least gr. ¼ of morphine sulph. to put them asleep every night, as they are sufferers from intractable malignant growth. In no case was there any noticeable after-effect. I have not formed any opinion upon the length of time that the drug could be used daily upon the same patient. To this I might add that no depression of the normal temperature was noticed in any case in my hands, and thus far I have not used it in pyrexia."

Therapeutic Application. The effects of somnal in producing natural sleep suggested its use in insomnia. The first case in which I used it was in a patient suffering with acute alcoholism, who had been under treatment for a fortnight in an institution where he had a free supply of liquor, and he came out rather worse than he went in. He was 39 years of age, very tremulous, and could not sleep, or if he dozed off would immediately waken up. I gave him, at about 3 p. m., thirty minims of somnal (or rather a drachm of a mixture of equal parts of somnal and whisky), well diluted, and went into an adjoining room to speak to an attendant. Upon my return I was surprised to find him fast asleep, although I had not been away from him more than fifteen minutes. He slept for four hours, and then was able to take something to eat. At ten o'clock he had another dose and he slept until seven the next morning, having wakened up once only during the night and insisted upon having another dose, and upon taking it he fell asleep again. The next night he was given a double dose at 10 p. m., and he slept all night without wakening. No bad effects were observed. The somnal was given for four nights, when he was so nearly well that it was suspended, as he had good natural sleep at night and seemed quite restored. Alcohol was positively prohibited, the only substitute allowed being Elixir of Coca and Camellia (P. D. & Co.), in tablespoonful doses, in which it is true there was a small amount of alcohol, which was quite infinitessimal when compared with what he had been using. Somnal, therefors, acts well as a hypnotic in acute alcoholism as a tranquillizer and hypnotic. In a case of neuralgia of the bowels (visceral neurosis of Allbutt, where the patient had a sleepless night, a dose of twenty minims relieved nausea and pain, and the patient fell asleep. In syphilitic headache and insomnia, somnal in moderate doses failed to produce sleep, which was afterwards secured by potassium bromide and iodide, and antipyrine. In cases of insomnia, fretfulness, and restlessness in young children, somnal with mint water and syrup offers better results than opiates, and is much safer. The same remark probably applies to the use of somnal in acute pneumonia, but I have not been able to confirm this yet by actual trial. Without further going into detail it may be stated in conclusion that somnal acts as a hypnotic, bnt instead of depressing the system as chloral does, it slightly stimulates the gastric mucous membrane, relieves nausea and pain, improves the appetite, increases secretion (probably), does not cause constipation. The circulation, respiration and temperature are not notably depressed after its administration. No disagreeable after-effects have been observed. As it is rapidly eliminated from the body it may be administered each night for a number of days without any obvious ill effects. It acts very much like chloral, but is more pleasant to take and not so depressing in its effects upon the nervous system and the circulation.—*Frank Woodbury, A. M., M. D, in Dietetic Gazette.*

A strong solution of soap and water, taken immediately, is an excellent antidote to poisoning by carbolic acid.

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Valerianic Ether as an Antispasmodic in Nervous Troubles. Valerianic Ether, discovered by Otto, was first applied as a therapeutic agent by the distinguished chemist Vial. Pure Valerianic Ether is less volatile than ordinary ether, and has the appearance of a heavy colorless oil, its density is 0.894 at 13 deg. C., the odor is penetrating and the taste recalls somewhat that of the melon. In this concentrated form however, it is unfit for internal use, and on this account its strength is attenuated by the addition of sulphuric ether, which gives a better preparation of Medicinal Valerianic Ether (Vial), perfectly safe and reliable for internal administration. As a prompt antispasmodic this preparation is best dispensed in the form of a small round capsule containing 15 centigrammes (about 4 drops), easy to swallow and well adapted for preserving its full activity. The Valerianic Ether contained in these capsules is less volatile than ordinary ether, its effects are more energetic and permanent, while it is certain in its action and more convenient to administer than Valerian. The following quotation from the "*Tribune Medicale*" indicates the cases in which its administration is most generally indicated.

"First used in Epileptic Hysteria with good results, it was shown that it might be applied equally well in simple cases of hysteria. Before and during the functional excitement of menstruation, characterized by weak pulse, giddiness, vapors, spasms, muscular trembling and nervous irritability, it renders considerable service. It may be safely recommended to ladies susceptible to such accidents and in those general cases of nervous excitability characterized by neuralgia, nervous headaches or megrim, cramps of the stomach, digestive troubles, nervous retching and vomiting."

Dr. Walling, of Philadelphia, recommends it in nervous troubles, and mentions the case of a young girl who had hitherto only been relieved by hypodermic injections of morphia for "Dysmenorrhœa," or more properly "Menorropasm." He says: "Two pearls given about 15 minutes apart gave complete relief in 20 minutes. The patient slept well that night with the use of one additional pearl, and is loud in praise of the remedy. I have also used the drug in a case of nervous diarrhœa; it relieved the pain and gave refreshing sleep with marked amelioration of the bowel trouble." In Dr. E. Frost Newton's recent *brochure* on Menorropasm and Dysmenorrhœa, he says that in cases of hysteria (or hysterialgia) 4 to 6 capsules daily just before the attack mitigate or prevent the liability to come on. Dr. Benedict (Buffalo) speaking of his experience, says that in the case of an old woman suffering with gastralgia it afforded relief, and in a neuralgic young woman it gave equally good results, and that as an anodyne after injury it acted efficaciously. In conclusion, clinical evidence is largely in favor of more extended use of the preparation. The dose varies, according to the intensity of the case, from 4 to 6 capsules daily. One or two capsules should be taken at a time in a spoonful of water a little before the attacks if they occur at repeated intervals. In prescribing write Vial's Valerianic Ether Capsules. F. MASON.

THE College of Physicians of Philadelphia announces that the next award of the Alvarenga Prize, being the income for one year of the late Senor Alvarenga, and amounting to about $180, will be made on July 14, 1891. Essays intended for competition may be upon any subject in medicine, and must be received by the Secretary of the College on or before May 1, 1891.

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THE MEDICAL HERALD.

A MONTHLY JOURNAL OF THE MEDICAL SCIENCES.

DANIEL MORTON, M. D., Editor.

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A Kansas City Reception.

THE most notable feature in connection with the attendance at the meeting of the Missouri Valley Medical Association at Kansas City, December 18th and 19th, was the absence of the Kansas City physicians. Doctors were present from North, from South, from East, from West, but the Kansas City profession were wanting. The whys or the wherefores of this condition of affairs is not apparent. It was rumored that there existed local jealousies and animosities that accounted for the little interest manifested.

But we are utterly unable to believe that the noble minded doctors of such a city would allow personal spite to cause them to forget the courtesy due an organization which had honored them with its presence. Every member from a distance was astonished at the apathy of the local profession and all went away wondering in their hearts what these things could mean. The Missouri Valley Medical Association is not hurt by such treatment. Nay, verily, the day will yet come when Kansas City, the city which claims to be the metropolis of the Missouri Valley, will repent in sack cloth and ashes, her conduct touching this society. Such behavior was a slur upon the members of the organization, and it behooves the ones who cast it to set themselves aright. Selfish interests if nothing else might have suggested at least a courteous reception. It is nothing but simple justice to state, however, that some of the profession were equal to the occasion and did all that individual effort could do.

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Our Book Table

BACTERIOLOGICAL TECHNOLOGY FOR PHYSICIANS; Dr. C. J. Salomonsen. Authorized translation from second revised Danish edition. William Trelease, tanslator; Wm. Wood & Co., Publishers, New York City.

The first edition of this work was issued in 1885 as a reprint from the "Nordisk Mediciniskt Arkiv." The present edition is much larger than the first however owing to additions necessitated by the increasing growth of knowledge in this special field. The author does not attempt to give an exhaustive treatise on bacteriology but describes and explains the simplest forms of apparatus,and methods of research. Some idea of the character of the contents may be gathered from the headings of the chapters—sterilization, common culture apparatus, culture media, pure materials for culture, brood ovens and thermo regulators, bacteriological analysis of water, soil, air, culture of anærobic bacteria, cultivation under the microscope, inoculation of animals, cultures from man and animals, disinfection experiments, staining of bacteria, moulds. The book is very instructive and should be read by all, even by those who do not intend so enter into bacteriological research in a practical way. To one who has never worked in a laboratory it is especially interesting. May the day soon come when our colleges will become infected with the idea of improvement to such an extent that Bacteriology will become a part of the regular course.

A COMPEND OF SURGERY; Orville Horwitz, B. S. M. D. Blakiston's Quiz Compends; price, cloth 1.00; interleaved 1.25. Blakiston Son & Co., Publishers, Philadelphia, Penn.

The chief use of a compend is as a remembrancer. They are not intended to impart first information so much as to arrange and condense for practical use knowledge already possessed. Horwitz has made a good compend. Its popularity is great with medical students particularly. Many illustrations are interspersed throughout the text which add materially to its value. Next to an anatomy a book on surgery should be well illustrated. The work contains 210 pages, has a good index and a list of formulæ selected from standard authorities. Another thing in the books favor is the fact that it can be used by students of any college or by those studying under a preceptor. For the latter class it will be found especially valuable.

HYPODERMIC MEDICATION; Bourneville and Bricon. Leisure Hour Series. Geo. S. Davis, Publisher, Detroit, Mich. Price, paper 25 cents; cloth 50 cents.

Another valuable monograph for a small sum of money. No one, unless he has made a special study of the subject, knows how many remedies can be given hypodermically. A glance at the list is astonishing to the practitioner who rarely uses that useful little ally, the hypodermic syringe. except for the administration of morphine. The Authors give formulæ for the preparation of the various remedies and incidentally in doing in doing so throws out valuable therapeutical hints. There can be no question that Hypodermic Medication is not made to subserve the uses it is capable of and the reason is simply the lack of knowledge on the part of doctors relating to the technique of and indicatious for the little operation. The book is well worth a careful reading.

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ANATOMY COMPEND; S. O. L. Potter M. A., M. D. Fifth edition; 117 cuts; Cloth $1.00; interleaved $1.25. Blakiston Son & Co., Philadelphia, Penn.

A good little work on anatomy profusely illustrated with cuts, the summun bonum of a book on this subject. Plenty of tables and plates of the arterial and nervous system, well arranged, well gotten together and in such shape as to render the information most liable to stick to the student. We like it, we commend it, we hope every student who reads this will buy it and we are tempted to give all our own students a copy for a New Year present. The plates are just the thing for use in the dissecting room. How we wish we had had them when we dissected. Alone they are more than worth the price of the book.

WOODS MEDICAL AND SURGICAL MONOGRAPHS. Published monthly; $10.00 per year; single copies $1.00. Wm. Wood & Co., New York City.

OCTOBER NUMBER—Contents: Suppuration and Septic Diseases, W. Watson Cheyne, M. B.; Pharmacopeia for Diseases of the Skin, James Startin; The Nasal Neuroses, Granville MacDonald, M. D.; Artificial Respiration, Benj. W. Richardson, M. D.; The New Born Infant, Its Physiology, Hygiene and Nourishment, Dr. A. Auvard; The Urine in Neurotic Diseases, Dr. Alexander Peyer. Here are six splendid papers in one volume. Commendation of such a collection is unnecessary.

NOVEMBER NUMBER—Contents: Treatment of Uterine Affections by Massage Dr. Eugene Arennt; Cosmetics, A Treatise for Physicians, Dr. Heinrich Paschkiss; Affections of the Stomach in Diseases of the Male Genital Organs, Dr. Alexander Peyer; The article on Cosmetics is exhaustive and handles a subject usually relegated to quacks, in a perfectly scientific manner. It is well for physicians to know such subjects and not to sneer at them as unworthy their consideration. Dr. Peyer deduces some strong arguments to show that nervous affections of the stomach in the male often represent reflex neuroses, just as the same derangements in the female may come from the generative organs. Massage is considered in the first paper in its relations to uterine affections.

OINTMENTS AND OLEATES, ESPECIALLY IN DISEASES OF THE SKIN; JOHN V. SHOEMAKER, A. M., M. D. Second Edition, Revised and Enlarged. No. 6 in "Physicians and Students Ready Reference Series." Price, cloth, $1.50; 12mo. F. A. Davis, Publisher, Philadelphia, Penn.

For fifteen years Dr. Shoemaker has been studying the use of ointments and oleates in skin affections.. Five years ago he first published his researches and clinical experience. The present work is a revised edition of the book issued in 1885. Oleates are not familiar to general practitioners as a class. Their use in medicine is of comparatively recent date. For this reason a treatise on that class of pharmaceutical preparations is timely. Ointments on the other hand have been used from time immemorial, Shoemaker has selected the best formulæ from the United States, British, German, French, Austrian, Italian, Spanish, Mexican and Chilian Pharmacopoeias, and arranged them in such a manner as to be of the greatest service to the English practitioner. It is very satisfactory to thus have a summary of the whole subject of inunction as it exists to-day throughout the civilized world. There are some diseases every doctor, whether or not he be specialist, must be acquainted with, among them skin diseases occupy a prominent place.

The book is a good one, and is a credit to the series of which it is a number.

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MEDICAL BULLETIN VISITING LIST; Arranged upon an original and convenient Monthly and Weekly Plan for Daily recording of Professional Visits. No. 1, Regular size, to accommodate 70 patients daily each month for one year, net price. $1.25. No. 2. Large size, to accommodate 105 patients daily each month for one year, net price, $1.50. No. 3. In which the "Blanks for Recording Visits in" are in removable sections, net price, $1.75.

This visiting list is arranged upon a plan best adapted to the most convenient use of all physicians, and embraces a new feature in recording daily visits not found in any other list, consisting of stub or half leaves in the form of inserts, a glance at which will suffice to show that as the first week's record of visits is completed the next week's record may be made by simply turning over the stub-leaf, without the necessity of rewriting the patients' names. This is done until the month is completed, and the physician has kept his record just as complete in every detail of visit, charge, credit, etc., as he could have done had he used any of the old style visiting lists, and has also saved himself three-fourths of the time and labor formerly required in transferring names every week. There are no intricate rulings; everything is easily and quickly understood; not the least amount of time can be lost in comprehending the plan for it is acquired at a glance.

PHYSICIAN'S VISITING LIST; Lindsay & Blakiston's, for 1891; Regular edition, for 25 patients weekly, tucks, pockets and pencil, $1.00; 50 patients, $1.25; 75 patients, $1.50; 100 patients, $2.00; P. Blakiston, Son & Co., Publishers, 1012 Walnut St., Philadelphia.

Strength, compactness, convenience and durability are the essential qualities which a good Visiting List should possess to resist the unusual hard wear it receives. These qualities are all combined in Lindsay & Blackiston's Physician's Visiting List, which has now been published for forty years. It is convenient for the pocket, and its contents are arranged in an advantageous way, including many useful tables and specific information. Aside from its other features, its size and weight recommend it. It measures 6½x3⅞ inches, and the smallest size weighs but 3½ ounces, and is only ⅝ of an inch thick. The large sizes are a little thicker and heavier. It is, however, the smallest and lightest visiting list published; a very great advantage, when you consider the number of articles a physician has to carry in his pockets. It is not a complicated system of keeping accounts, but a plain, systematic record which, with the least expenditure of time and trouble, keeps an accurate and concise list of daily visits, engagements, etc.

EPILEPSY; ITS PATHOLOGY AND TREATMENT. H. A. HARE. F. A. Davis, Publisher, Philadelphia, Penn. No. 7 in the "Physicians' and Students' Ready Reference Series." 12mo. Price $1.25.

Epilepsy! A most fascinating subject to study; always an element of uncertainty about it; causes obscure; time of seizure unknown; cure doubtful. Hare handles his subject well, so well in fact that the monograph was awarded a prize of four thousand francs by the Academie Royale de Medicine de Belgique, in December, 1889. Every phase of the subject is considered; it is exhaustively treated; the most complete thing out on the subject of epilepsy. As a literary production, classical; as a medical essay, valuable. There is no need to further multiply words. It should be in the hands of every practitioner, for every doctor has cases of epilepsy. Let us get posted on these common diseases first and look up the rara avis afterward.

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A MANUAL OF THE PRACTICE OF MEDICINE; Fredericke Taylor M. D. F. R. C. P. Cloth; 878 pages; price $4.00. P. Blakiston Son & Co., Publishers, Philadelphia Pa.

Why this work should be called a manual we are unable to say. It does not partake of the nature of such a book either in size or manner of treatment of subject. It is what is usually called simply Practice and Principles of Medicine, and it deserves the name. After the Introduction the Author takes up the subject of specific infectious diseases, perhaps the most important class of diseases coming under the care of the family physician. More attention is paid to the symptomatology and treatment than to the etiology and pathology and this fact will render the book more acceptable to a certain class of doctors who do not care to dip deeply into morbid anatomy. Another good feature of the work, that makes it good for the busy practitioner is that it deals very little with theories, and a great deal with facts. It is a solid book. One does not feel that time is wasted in reading a lot of matter that to say the least is of doubtful utility, but every word is freighted with meaning. The sections devoted to diseases of the lungs and heart are each preceeded by a chapter on physical diagnosis. These with the hints thrown out in other parts of the text make a very complete book on Physical Diagnosis. Quite a good deal of space is devoted to Urinalysis. The literary qualities are excellent and it is delightful reading. Were we asked to describe the book, with one word we would use "complete." It is a valuable volume and has an air of common sense and practicalness about it that is very satisfactory to one who is compelled to read books that are padded in order to fill out the covers.

MEDICAL STUDENT'S MANUAL OF CHEMISTRY; R A. Witthaus, A. M., M. D., University City, New York. Third Edition; 8vo.; Cloth, beveled edges, 528 pages. Wm. Wood & Co., Publishers, New York City.

A book arranged and written with the view ever in mind that the medical student and the physician will use it. For this reason it is called a medical student's manual of chemistry. The work is divided into three parts, the first dealing with the principles of chemical science and with chemical physics, the second with special chemistry and the third with chemical technology. Chemical physics receives a good share of attention, and the latest discoveries have been included under this head. One of the best features of the book is a section in the index on orthography and pronunciation of chemical terms. Certain changes have been made in accordance with views expressed by the chemical section of the American Association for the Advancement of Science. The chemistry of the carbon compounds receives the attention that the importance of the subject demands. Ever widening, ever enlarging this branch of medical science is alone sufficient to engross the entire attention of one mind. It is impossible to give a satisfactory review of the work, but the sentence with which we started expresses the idea running through the entire volume, a book arranged and written with the view ever in mind that the medical student and the physician will use it.

THE editor acknowledges the receipt of a beautiful and tasty calendar for 1891, a present from Lee & Shepard, Boston, Mass. This firm publishes some of the neatest and best works that issue from the American Press.

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Herald Melange.

Dr. R. E. Smith, Ex-superintendent of Asylum No. 2, has returned from a trip to New York City.

Mr. Reed, of Upjohn Pill Co., has again been presenting his superior goods to the St. Joseph profession.

Dr. Reynolds, of Horton, Kansas, has been circulating among his friends in St. Joseph. He is always welcome to the editorial rooms of the Medical Herald.

We would call particular attention to the pages in this issue occupied by our home druggists. This acknowledgement of appreciation from the leading St. Joseph pharmacists is extremely gratifying. The presence of a number of other city patrons also shows that the influence exerted by the Medical Herald is being felt in all the auxilliary lines of business.

Dr. H. W. Loeb paid a flying visit to St. Joseph during the month of December. He is wonderfully enthusiastic over St. Louis, the Marion-Sims Medical College and the Medical Mirror. Three good things to be enthusiastic over, Doctor. Dr. Loeb has built up a fine clinic on diseases of the nose and throat at the Marion-Sims, and is keeping an accurate record of every case. The readers of the Medical Herald will soon be edified by some of these reports that are to be published in our columns.

The Ensworth Medical College has been very prosperous this session. It has the largest class of students that ever attended. It is also better equipped and has better facilities for teaching than formerly. Its chemical laboratory is very complete—it is well supplied with microscopes, magic lantern slips for teaching anatomy, physiology, pathology and in every particular it is a creditable institution. All of the professors are graduates of the best medical colleges and have large practical experience. Arrangements have now been made for a large number of free beds in the hospital connected with it for the next year.

We are glad to record the formation of a Press Club in St. Joseph. It is an organization that is needed since there are about seventy-five literary workers connected with the various periodicals of the city. These men are a great power in the formation of public opinion and concerted action upon their part can accomplish almost anything in public affairs. The following are the list of officers for the first six months of 1891: President, C. L. Rutt; First Vice-President, H. J. Kline; Second Vice-President, G. W. Foster; Third Vice-President, H. E. Harlan; Recording Secretary, W. G. Seaver: Corresponding Secretary, Dr. Daniel Morton; Financial Secretary, O. M. Gilmer; Treasurer, Peter Nugent; Librarian, W. Rodenburg; Board of Trustees, J. L. Bittinger, E. J. Peckham, Thomas Ferguson, W. T. Foster, Chas. W. Fassett.

It has been thought by some of the members of the District Medical Society of Northwest Missouri that the organization would accomplish more toward enlisting the co-operation of the country members by meeting in the various towns comprised within its territory. The members outside of St. Joseph have complained that they are not treated fair in this respect and in order to meet this complaint it is proposed to change the by-laws so that the society meetings may be migratory. The proposed change reads thus, Article I, Section 1. "The annual and special meetings of this society shall be held in St. Joseph. The other regular meetings shall be held at such points as the society may choose. All regular meetings shall open at 10 o'clock A. M." This amendment will be voted upon at the April meeting and no doubt adopted, and the July meeting will be held outside of St. Joseph for the first time in many years.

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Drs. Ward, Minney, McClintock and Wall, represented Topeka at the recent session of the Missouri Valley Medical Association.

The Medical Herald is indebted to Dr. Enno Sander for a very interesting reprint of an article on Garrod Spa and Effervescent Lithia Water.

Mr. J. L. Kerr, representing C. N. Crittenton's great wholesale specialty house, New York, paid the Medical Herald a call recently. Mr. Kerr made quite a visit in this city among our physicians, talking Colden's Beef Tonic and distributing samples of Crittendon's well known "Hydroleine," which is already much prescribed and very popular in this city.

The editor of the Medical Herald desires to acknowledge in a public way the many kindnesses shown him during a visit to St, Louis by the hospitable physicians of that city. They have a way of making a doctor feel perfectly at home and they receive him in a truly professional spirit. To Dr. H. W. Loeb particularly are we indebted for both social and professional courtesies, not the least among the latter being the opportunity of seeing many nose and throat cases in both private practice and dispensary service.

With the object of advancing scientific study and settling a now mooted question, Dr. J. B. Mattison, of Brooklyn, offers a prize of $400 for the best paper on "Opium Addiction as Related to Renal Disease," based upon these queries: Will the habitual use of opium, in any form, produce organic renal disease? If so, what lesion is most likely? What is the rationale? The contest is to be open two years from Dec. 1, 1890, to either sex, and any school or language. The prize paper is to belong to the American Association for the Cure of Inebriety, and be published in a New York medical journal, Brooklyn Medical Journal and Journal of Inebriety.

The success of the Marion-Sims Medical College is phenomenal. The editor of the Medical Herald on a recent trip to St. Louis, had the opportunity of going through the new and elegant building and inspecting the facilities for teaching. The dispensary clinic is growing very rapidly and now in some departments has as much material as can be handled. The class is large and enthusiastic and the success of the institution is assured beyond a peradventure. It is seldom that a medical college so suddenly attains the prominent position that this one has.

The Bacteriological World is a new monthly illustrated magazine for the study of micro-organisms and diseases of bacterial and parasitic origin. Paul Paquin, M. M., V. M., Director of the Bacteriological Laboratory, State University, Columbia, Mo., is editor. Dr. Paquin is an associate editor of the Medical Herald, and is perhaps the best posted bacteriologist in the West. We trust this venture will meet the hearty support of the medical profession. The first number is full of valuable information.

The case against Dr. W. B. Davis of this city for malpractice has been dismissed by the plaintiff. A ruptured perineum was the *casus belli*. The plaintiff charged that by neglect and incompetency the perineum was ruptured, and no operation afterward performed to restore it to its normal condition. There was in this as in nearly every other malpractice suit a "nigger in the wood pile" and it soon became evident that there really existed no cause of action. As soon as this was demonstrated the backers of the plaintiff withdrew their support, not however until several hundred dollars in costs had been charged to their account. This is the only case on record of suit for ruptured perineum. Eleven thousand dollars was the amount of damages claimed. We congratulate Dr. Davis upon the ease upon which he has extricated himself from this mud slinging *fiasco*.

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THE RATIONALE OF INFLUENZA.—The following remarks by Dr. Laffont, Professeur de Therapeutique a la Faculte de Medecine de Lille, will be read with interest: The epidemic which was such a cruel scourge last winter, is again appearing, although up to the present in a milder form. It may, therefore, not be without use to consider at the present moment the most rational treatment of this affection, at all times painful, and sometimes from its complications, serious. This malady is, I consider, a contagious catarrhal affection in its milder form known to us as "grippe," but from its recent serious epidemic character, christened influenza, a name it will probably retain henceforth. The symptoms of this complaint are manifested invariably by a functional depression more or less marked of the whole system, varying from simple lassitude, stuffiness of the nose, and slight gastric obstruction, all premonitory symptoms of a large number of contagious diseases, and fortunately often constituting the only symptoms of the malady, which in such cases passes for ordinary "grippe." In the late epidemic, to these premonitory symptoms succeeded all the characteristics of grave typhoid infection; nausea, fever, muscular pains, delirium, pneumonia, with tendency to suffocation and complete prostration. In the discussions at societies and in medical journals on its etiology, some describe it as a simple catarrhal affection, more or less grave, having for cause the influence of the external conditions of the atmosphere, and denied its contagious character, others sought at once for the microbe. In the midst of these etiological discussions, no therapeutic law was propounded, and the medical journals were advocating here aperient medicine, antithermics; there, the Vin Mariani (made from the coca of Peru) and tonic medicines; elsewhere, counter irritation and balsamics were said to do wonders, almost everywhere was admitted the specific effect of sulphate of quinine, or still better salts of quinine, above all, antipyrine. From my own experience, based upon a great number of cases, and on myself in particular, I have no hesitation to assert that the method which succeeded the best was essentially eclectic. Thus at its first manifestation I was able to arrest the development of the disease by administering an aperient (oleum ricini by preference), then causing thoracic revulsion by rubefaction, or even vesication, and by provoking simultaneously a non-depressing diaphoresis, easily obtained by administering several times in the day a grog made from Vin Mariana one-third wine and two-thirds water, very hot, with sugar, such as has been prescribed by the learned laryngologist, Fauvel, for hoarseness and loss of voice "a frigore." In the presence of influenza in the new stage when the patient was completely depressed, very far from ordering antipyrine, which only augments the depression, I found it much more effectual to administer strong tonics, such as generous wines, champagne, whisky, rum, cognac, tonics physical and moral, such as the preparations of Coca Mariana, Vin and Elixir, at the same time causing revulsion, and administering repeated aperients. From this treatment I rapidly cured myself and observed the same results in patients without that long and tedious convalescence, due, I think, to the weakness caused by the use of antipyrin. I advise, then, as a rational treatment for influenza, and kindred affections; 1st, gentle purgatives; 2d, diaphoretics and revulsives; 3d, strong tonics.—Med. Press and Circular

A MOST beautiful book recently issued from the press of the Riverside Publishing Co., St. Louis, is on our table. It is entitled, "Prince of Peace," by Pansy, which alone is all the recommendation necessary to place it in all the homes in the land.

SAMPLES of Sander & Son's Eucalypi Extract (Eucalypto) gratis through Dr. Sander, Dillon, Iowa. Eucalyptol proper stands foremost as disinfectant and antiseptic. Meyer Bros.' Drug Co., St. Louis, Mo., sole agents. Look for the genuine product.

DOCTORS who are not subscribers, receiving this number of the HERALD, will consider it an invitation to subscribe. Do not hesitate to take the journal from the post-office, and read it, if addressed to you, as another copy will not be sent unless a remittance is received.

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Mellin's Food

FOR INFANTS AND INVALIDS.

A SOLUBLE DRY EXTRACT, prepared from Malted Barley and Wheat, consisting of Dextrin, Maltose, Albuminates, and Salts.

The SUGAR in MELLIN'S FOOD is MALTOSE. MALTOSE is the PROPER SUGAR for use in connection with cow's milk.

The sugar formed by the action of the Ptyalin of the Saliva and the Amylopsin of the Pancreas upon starch is MALTOSE. In the digestive tract MALTOSE is absorbed UNCHANGED.

— Landois and Sterling.

MALTOSE is a saccharose, not a glucose, and is a form of sugar which does not ferment.

— Materia Medica and Therapeutics, Dr. Mitchell Bruce.

"I have never seen any signs of fermentation which I could attribute to the influence of MALTOSE."

— Eustace Smith, M.D., F.R.C.S.

MELLIN'S FOOD, prepared according to the directions, is a true LIEBIG'S FOOD and the BEST SUBSTITUTE for Mother's Milk yet produced.

IT REQUIRES NO COOKING.

THE DOLIBER-GOODALE CO.,
BOSTON, MASS.

REASONS FOR SPECIFYING

FAIRCHILD'S PEPSIN

It is the most active, gives the greatest value for the price asked.

One grain will digest more albumen than will a grain of any other pepsin made. We do not care by whose test, what the proportions of albumen, water and acid, only let the conditions be the same for all.

It is positively guaranteed to be permanent. It will not get soft or sticky, or deteriorate in value, because it is not a peptone. It is free from all the well-known characteristics of peptone. It is not made by a patented or pirated process.

If you prescribe pepsin in scale or powder, and it becomes sticky, you may be sure that it is not Fairchild's. Investigate the matter, place the blame where it belongs.

There are pepsins "made to sell" under the title of scales — products which are inferior process and sold under cover of a title first and properly used only by Fairchild's to describe their original, true pepsin in the form of scales.

and dissimilar to Fairchild's pepsin in scales. They are peptones made by a patented

The druggist is told "they are just as good as Fairchild's. If Fairchild's is not specified, put in mine." But claims and pretentions, however collossal, cannot make peptones permanent.

There is no soluble or peptone equal in activity to Fairchild's, none which will keep in all weathers and all conditions as Fairchild's will.

FAIRCHILD BROS. & FOSTER, New York.

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News and Miscellany

PROFESSOR KOCH'S cure for consumption ought to be in great demand among boarding house keepers.—St. Joseph News.

"CIBILS" is a name familiar to every practicing physician is this country, and every thinking reader is invited to notice their card in this issue.

ST. JOSEPH'S leading hotels will be found represented in this journal, and we bespeak cordial treatment to the visiting doctors who patronize them.

READ all the announcements in this number. All our old patrons, reinforced by many new ones, greet us with a smile, and present their New Year compliments to THE HERALD'S thousands of readers.

SORE THROAT.—The following prescription, used as a gargle every three to four hours, will be found to be very efficacious: R. Listerine, 2 ounces; Tannic acid, 1 scruple; Glycerine, 1 ounce; Water, 3 ounces. M.

DUKEHART'S Superior Fluid Extract of Malt and Combinations, as invigorators and blood renovators, are unequalled. They contain in scientific combination, all the energizing constituents of the blood, which is so eminently requisite to healthy action. They have the unqualified approval of physicians, being entirely successful wherever used.

FULLY RECOMMENDED ABOVE ALL OTHER MAKES. JEROME KIDDER M'F'G Co., 820 Broadway, New York. Will you please send me a warranted 4 post office Electric Machine and Battery. I have a patient that wants a good machine: I fully recommend yours above all other makes. A. H. STEVENS, M. D., 1606 Green St., Philadelphia, Pa. Nov. 14, 1890.

KING'S JOURNAL DIRECTORY for 1891, containing a complete list of Medical, Dental, Pharmaceutical, Chemical, Microscopical, Sanitary, Veterinary and Medico-Legal Journals, both Home and Foreign, is now ready for delivery. Orders should be sent promptly as the book is sold by subscription only. Price, 50c. post-paid Address, Dr. F. King, Pub'r P. O. box 587, New York.

IMPERIAL GRANUM:—There is one dietetic preparation that goes on the even tenor of its way, always a popular food with the doctors when no other one can be, or will be retained on the stomach. It is carefully prepared, never disappointing, always a valuable aid to the busy doctor. Easily assimilated, with the greatest amount of nourishment, combined with the minutest amount of labor in its digestion, Imperial Granum stands to-day without a rival in the room of the sick or convalescent. While good for babies in all the varying periods of their existence, yet its strongest hold is in the sick room where either adult or little one needs a soothing, sustaining diet with the least amount of physical effort for its digestion.—W. C. WILE, A M., M. D., in The New England Medical Monthly, Dec. 1890.

PROF. JOSEPH MATTHEWS, Professor of Surgery in the Kentucky School of Medicine, in a paper read at a recent meeting of the Kentucky State Medical Society on "Advances in Rectal Surgery," referring to "Pruritus Ani" said: This, as we all know, is the most intractable of all rectal affections. I had learned to rely principally on the local application of tinct. iodine, pure carbolic acid, or a strong bichlor. hydgr. ointment. Lately I have used with most decided benefit, a new candidate for favors—Campho-Phenique. As a vehicle I am in the habit of prescribing with it the benz. oxide of zinc oint. in the following way: ℞. Benz. Oxide Zinc Oint. Campho-Phenique aa ʒ ss. M. Apply as often as necessary. I frequently apply the agent, however, in its pure state, with no detriment to either the skin or mucous membrane, but with much benefit in eradicating the disease. Itching frequently disappears under its influence as by magic.

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THE St. Joseph Bottling Works is a new home institution that merits patronage. See their card.

THE McArthur Hypophosphite Co. have a unique advertisement in this issue. interesting as well as instructive. You will never regret reading it. See page 1.

A RELIABLE microscope is now indispensable to the general practitioner, and the Acme has a reputation of being the most perfect in the market. See Queen & Co.'s card.

DOCTOR, if your buggy or sleigh needs repairing, call on Messrs. Karle & Co., opposite the MEDICAL HERALD office; and if you want a new vehicle of the latest design, Chris. Priebe, 307 South Sixth street, has them at lowest prices,

THE R. HYDE Co., have furnished the profession with an urethral irrigator which was badly needed. It is important to wash debris out of instead of into cavities. Lindenschmidt's Irrigator, which is the name given to the instrument, is very satisfactory.

WANTED.—A position as manager of advertising in a drug or proprietary medicine house, that carries or intends placing a line of advertising in medical journals. Applicant will bring to the business years of experience and a practical knowledge of the essential features in this branch of advertising. Will furnish type writer. Address, until Feb. 15, R. E. A. D., care of MEDICAL HERALD. 6th & Charles Sts., St. Joseph, Mo.

DIRECT MEDICATION for certain forms of uterine and rectal diseases is acknowledged to be most benificial, as well as forming the essential auxilliary treatment in nine-tenths of these cases which come under the observation of the practitioner. A combination such as Dr. Miller uses in his suppositories cannot fail to produce the desired results in cases where indicated. If any of our readers are unacquainted with them, we would suggest that a free sample will be sent to any reputable physician, addressing Dr. M. Miller, South Bend, Ind. See formula in this issue.

A. W. MACFARLANE, Fellow Royal College Physicians, Edinburgh; Fellow Royal Medical and Chirurgical Society, London; Examiner in Medical Jurisprudence in the University of Glasgow; Honorary Consulting Physician (late physician) Kilmarnock Infirmary; formerly Examiner in Medicine and Clinical Medicine in the University of Glasgow, &c., &c., in his monograph, "Insomnia and its Therapeutics," says: "Bromidia (Battle) has in several instances been found reliable, in drachm doses, given in syrup and water at intervals of an hour until sleep is induced."—Woods' Med. and Surg. Monographs, Sept., 1890.

ACUTE CORYZA. The use of Listerine by means of the nasal douche, the atomizer, or by the simple inhalation of a few drops from the palm of the hand, is a very effective means of clearing the occluded nostril and of applying remedial treatment in Acute Coryza. The volatile principles of Listerine act kindly upon the inflamed mucous membranes and an antiseptic and antiphlogistic effect is at once obtained. The following well-tested formula is submitted: ℞. Listerine, 2 ounces; Boro Glyceride, 1 ounce; Ext. Hamamelis Dist, 3 ounces. M. Sig. Use a spray twice daily. If used as a douche, it should be diluted one-half with water.

THE adulteration and cheapening of articles of food in this country are becoming alarming, and we therefore point with pride to the record of Walter Baker & Co.'s preparations, which have for over one hundred years maintained their integrity of manufacture and absolute purity of product. It is a distinctive characteristic of W. Baker & Co.'s Breakfast Cocoa that no chemicals are used in its preparation, it being produced from the finest cocoa seeds by scientific mechanical processes only, and for this reason it is unequalled in purity, as well as unexcelled in solubility by any other cocoa in the market. It is healthful, nourishing, agreeable and economical, and the best drink in the world for young and old, rich and poor, the invalid and the robust.—Druggist.

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ALL matter pertaining to this department, or concerning advertisements, to insure prompt attention, should be addressed as above. . . . . .

THIS DEPARTMENT will be devoted to such notices and comments as the Business Editor may feel inclined to make of deserving and meritorious preparations, and such items of news concerning new goods as will prove interesting to our readers. Practitioners are particularly requested to send us brief facts concerning the success of preparations advertised in THE HERALD, as demonstrated in their practice, and we will always be glad to give space in our Original Department for extended reports of clinical cases. Practices for sale, or notices of removal, not exceeding ten lines, will be inserted FREE three times for subscribers. Always state reasons for selling.

(THE HERALD'S circulation being among a class of physicians who PAY THEIR SUBSCRIPTIONS (and consequently READ each issue), this journal naturally offers the best opportunity to those advertisers who desire to reach the thrifty and progressive practitioners of the West and South.)

THIS Journal is on file at the following agencies, where advertising may be placed at our regular rates, and we invite Eastern Pharmacists to call and examine THE HERALD carefully:
J. H. Bates, 38 Park Row, New York; H. C. Hall, Cincinnati, Ohio; N. W. Ayer & Son, Philadelphia, Pa.; Geo. P. Rowell & Co., 10 Spruce St., New York; J. Walter Thompson, 38 Park Row, New York; Dodd's Advertising Agency, Boston, Mass.; Slay Bros., 1169 Broadway, New York.

I FIND Ponca Compound to act very nicely in inflammation of the cervix uteri, and irritation of the ovaries. E. Brinkerhoff, M. D., Bristolville, Ohio.

I HAVE used Peacock's Bromides in my practice with great success; in convulsions in children when teething it acts like a charm. Used it in sick headache and it has given better satisfaction than anything that I have ever used. W. R. HIX, M. D., Don Juan, Ind.

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THE MEDICAL HERALD.

A MONTHLY JOURNAL OF THE MEDICAL SCIENCES.

DANIEL MORTON, M. D., Editor.

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ORIGINAL

Changes in the Mobility and Width of the Pupil.

BY P. I. LEONARD, M. D., ST. JOSEPH, MO.
OCULIST AND AURIST.

Read before the Missouri Valley Medical Society, at Kansas City, Missouri, December 19, 1890.

Hardly anything has proven more mysterious in the beginning of my practical work as a student of medicine than to watch the changes in the mobility of the pupil and reflect on their probable cause. How so many widely different pathological processes and toxic influences bear directly or indirectly on the change of width or abnormality of the reaction in the pupil. Before we could explore the interior of the eye, an undue importance was often given to changes in the pupil as a help to the diagnosis of disease. The great advance of the past few decades in the histological study, practical experimentation as well as the clinical observation of the nervous system, in health and disease, have enabled us to generalize certain facts and give us some more or less positive data to reason from. A cursory glimpse of so immense and perplex a subject can give us an idea of the obstacles encountered by the earnest investigator. Formerly the knowledge of medicine was based on but little definite information; it now gradually begins to take its place among the positive sciences. There are so many well established facts demanding a positive knowledge that he who calls medicine an altogether inexact science of worthless conglomerations, steps upon ground perhaps unknown to him. There are many subjects that allow us a certain latitude of difference resulting from the nature of the inquiry, for experience shows that in both health and disease functions vary within certain, perhaps rather wide limits. There is perhaps no department in medicine where science becomes more positive than that of

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opthalmology. While in Vienna I attended Prof. Meynert's clinic and cultivated a taste for the study of cerebral localization, and having been called in consultation with my professional brethren in several interesting cases during the summer, I concluded to present a paper on the mobility of the pupil before this society. In the following I am indebted to the writings of Meynert, Magnus, Hirschberg, Bowman and others.

Before we go to the consideration of our subject proper we think it necessary to say a few words about the iris, the ciliary muscle, the internal rectus and the optico-ciliary reflex tract as bearing on our subject. The iris forms a partition between the anterior and posterior chambers of the eye and possesses two sets of muscular fibres, the sphincter and dilator pupilæ. The circular opening in the center is called the pupil. The iris has an active mobility produced either as a reflex or an associate movement. It has no passive mobility because it is held in elastic tension by the crystalline lens with not only the pupillary border but about one-third of its surface resting upon the latter. The lens is so fixed by the zonula and the incompressible vitreous body that the iris is on a continual stretch and thus gains a firm position. An abnormal passive mobility of the iris can take place if the above named anatomical arrangement is disturbed through the absence of the lens, its diminished volume, by loosening of the zonula or liquefaction of the vitreous body. At the Quinze Vingt Eye Hopital in Paris I saw the nicest and most intense case of iridodenesis in a workingman who had complete paralysis of the iris and traumatic luxation of the lens, thus giving us extremely favorable conditions for its observation. The play of the pupil changes the surface of the iris continually. Physiologically the size of the pupil varies in different individnals. Children have larger pupils than grown people and in old people the pupils are very contracted. In myopia the pupils are generally larger than in hypermetropia. Normal pupils should always be of equal size. Unequal width is always pathological. The innervation of the iris is both from the cerebro-spinal and sympathetic nervous systems. The mobility of the pupil is also controlled by purely mechanical influences. The centers in the brain of the muscles of accomodation and convergence as well as of the sphincter iridis are so intimately related that they participate in many forms of associated and uncombined enervations and innervations.

By the excellent drawing of Fuchs will be seen that both of the sphincter iridis gangliæ are connected by a commissure with each other but not with those of accomodation nor convergence, and being situated between the two we can readily understand the simultaneous stimulation of all three. The physiological reaction of the pupil takes place through a direct stimulalation by changing the amount of light within the eye—direct reaction. By allowing light to enter one eye the pupil of the other contracts also and enlarges by shading the first, this is called consensual reaction. These reactians can be observed by placing the patient so as to face the window, cover one eye with the hand for five or ten seconds, then quickly remove it. Now you can see the direct and in the same manner the consensuel reaction. The pupil reacts as an associate movement during accommodation and the inward rotation of the eyeball during convergence. Each degree of convergence corresponds to a certain effort of accommodation and vice versa, so the narrowing of the pupil is considered as an associate movement. The centers of accommodation and convergence being separate and while the stimulation of each also stimulates the sphincter center, a break in their connection can be of

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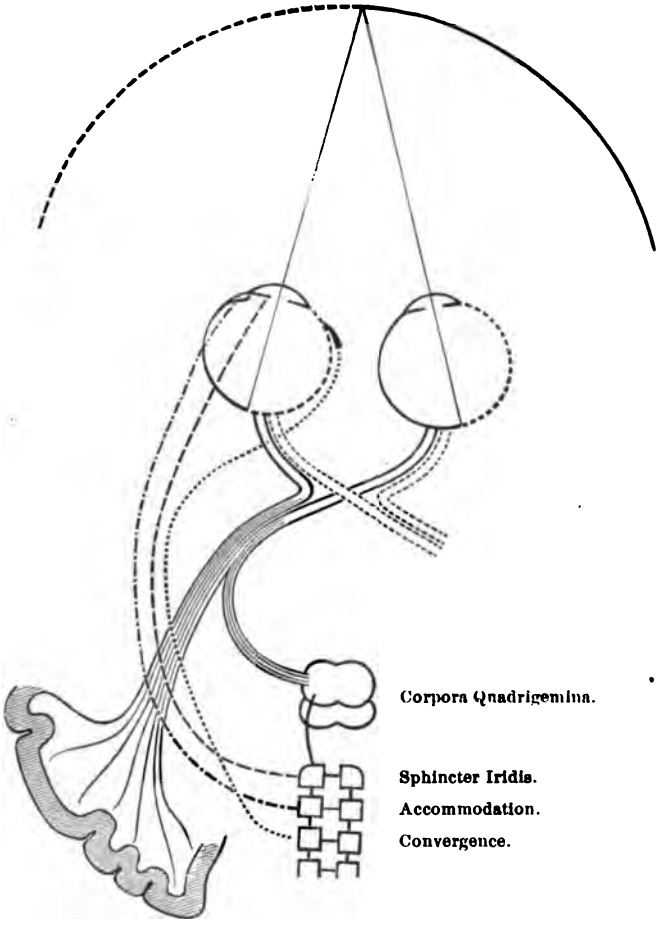
diagnostic importance. In asphyxia, deep inspirations and strong muscular exertions, the pupil is dilated because irritation of the respiratory center stimulates the pupillæ-dilator center. The reaction for convergence and accommodation is tested by having the patient fix his eyes on a finger held in front of him, then approaching the finger to the tip of the nose, let him look at some remote object and then look at the finger. If both pupils be equally enlarged or contracted pathologically, we try the different tests for



reaction and look for a difference in the results. The reason both pupils react when only one eye receives light is on account of both sphincter iridis gangliæ being connected by a commissure. Hence the stimulation by light of one ye makes both pupils react equally and both are of the same width under normal conditions. The absence of pupillary movement upon one-half of each eye is found in connection with hemianopia and is called "hemopic pupillary reaction," and is mostly found in connection with changes in the chiasma. If the conducting tract on one side fail both pupils receive only

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one-half of the stimulation and their reaction becomes weaker than normal. When the pupil has neither a direct nor a consensual reaction but responds to convergence and accommodation, we speak of reflex immobility of the pupil. Preternaturally small pupils that do not respond to light but move during an effort of accommodation (Argyl Robertson) are of great significance to the neurologist because they indicate sclerosis of the spinal cord the process having reached the cilio-spinal region. If the direct reaction of one eye and the consensual reaction of the other fail, we speak of the reflex deafness of one eye. One sided failure of reaction not only of light but also of convergence and accommodation is due to peripheral lesions of motor nerves which have their ramifications within the eye. In paresis of the sphincter and dilator iridis, or of both, we get a weaker reaction. Paralysis of one or both of these muscles give us complete immobility of the pupil. Lesions irritating motor nerves may cause partial or total muscular spasm, and thus limit or suspend mobility.

Disturbance of vision with reaction, during accomodation and convergence, is due to centripetal interruption of conduction in the reflex tract, optic nerve, chiasma, corpora quadrigemina, etc. No disturbance of vision and reaction during accomodation and convergence is due to the interruption of conduction in Meynert's commissure, sphincter iridis gangliæ, or the connection of these gangliæ.

Lesions referring to this and the previous reaction either have a failure or diminution of direct and consensuel reaction to light in one or both eyes. We have bilateral diminution of mobility, with contracted pupils in lesions of the centripetal part of the reflex tract, accompanied by irritations.

Diseases of muscles naturally lead to failure of reaction. The feeble reaction in old people is dependent on the rigidity of the muscles, probably due to fatty degeneration.

Hippus, or increased mobility of the pupil, is due to clonic spasm from central irritation, or only functional disturbances, and is found in conditions like neurasthenia, psychoses, and organic diseases of the brain.

In enlargement of the pupil, the irritation may involve the sympathetic and medulla, the pupillo dilator center, either directly or reflexly, and the nuclear or cortical lesions of the oculomotorius. It may result from a diminished innervation of the sphincter iridis in interrupted conduction of the centripetal portion of the reflex tract. The pupils are of equal size, and dilated. Direct or censensual reaction is diminished or suspended, but not that of convergence and accomodation. Certain poisons taken internally or applied locally, such as atropin, hyosamin, etc., paralysis of both muscles or atrophy and peripheral retraction of the iris.

Contraction of the pupil may be dependent on irritation of the sensible portion of the reflex tract, paralysis of the dilator muscle, toxic influences, synechies, hyperæmia, and inflammation of the iris.

In closing I wish to refer to an intrresting case from the practice of my friend, Dr. Chas. O'Ferrall, of our city. A short time ago he called my attention to a contracted pupil of one eye in a patient he was treating for glandular swelling of the neck, dependent on a constitutional cause. A treatment with iodide of potassium caused the swelling, as well as the contraction of the pupil to disappear. The contraction was due to irritation of the cervical sympathetic, and similar cases have been recorded in paralysis by pressure of a tumor.

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Are Uterine Appendages too Frequently Extipated.

By H. C. CROWELL, M. D., Kansas City, Mo.

Read before the Missouri Valley Medical Society, held in Kansas City, Dec. 18th and 19th, 1890.

Since the time of McDowell, which is very nearly one hundred years, there have been those who have opposed this operation from one standpoint or another. Time, however, coupled with extended observation, has done much toward establishing these operations for the removal of the uterine appendages, upon a safe and scientific basis.

Yes, even to-day, we find a certain class of men who decry the operation as uncalled for, or limit its scope to those cases in which it shall be deemed the only means left for saving life. Who are these men who thus consider this operation? I think we shall find them to be men who have had but limited opportunities for observation of the treatment of diseases of women, and who have given no attention to the pathological conditions which give rise to the symptoms which prompt operative interference in the mind of those who have ample opportunities for observing such cases. Again, I am sorry to say, though I believe it to be a fact, a certain amount of envy and jealousy prompts some to speak disparagingly and argue against evident fact. That there is some ground for envy among a class of men who are so exceedingly sensitive and ambitious, as are medical men, as a class, I think we must admit, for who of us, can, contentedly, see patients, who, under a conservative plan of treatment, while in our hands, pass into the hands of one, who from advanced or more radical ideas, if you please, applies a means to an end which accomplishes in a few short weeks, what we have failed to accomplish in a much longer period, perhaps, months or years, who, however generous he may be, does not dislike to see another carry away the glory, and may I not say, the fee. This is not a pen picture alone, but is supported by every day observation.

Conservatism, the favorite expression with those who feel it incumbent upon them to interpose their protest from whatever standpoint, is no less an attribute of the operating surgeon or gynecologist, than of him who never operates. That the uterine appendages have been removed in the past for insufficient cause, is, undoubtedly, true, but I feel assured in saying that after these years in study of conditions both before and after removal, and after a careful comparison of operative with local and general treatment, together with consequent perfection in diagnostic acumen, those cases are very few which will now come under the knife to reveal a useless operation. I have no hesitancy, after ample opportunity for observation, in giving it as my opinion, that there would be many less chronic invalids, in our midst, were they subjected to abdominal section, either for the removol of the appendages or the rectification of existing disturbances not yielding to any plan of treatment yet applied. I think I shall be best sustained in this position, by those who have had most experience in the treatment of diseases of women, scientifically considered. By this plan for operative interference I do not mean hasty, reckless castration of every woman who happens to have a pain in the pelvis, but as a means for the relief of a pathological condition, after all due effort has been dedicated to her relief.

Just here, I may say, begins the true sphere of a competent gynecologist,

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viz: to decide when local and general treatment shall have accomplished all that is to be expected of them, and if then operative interference offers hopes for improvement. When such a sphere in the practice of medicine shall be conceded to the gynecologist, I think diseases peculiar to the generative system of women will cease to be such a fertile field for unscientific local treatment and fees alone. By gynecologist I do not mean he who, perhaps, from the credulity of a handful of suffering women, sees a large number, that does not make a gynecologist, but opportunities well improved with a dedication of the subject specially as now taught and practiced by those who have had ample opportunity for investigation and experiment. Methods and means are now so perfected and taught in some of the special courses in our large cities, that one can, by devoting time and energy, become familiar with what otherwise might appear obscure and difficult.

The pathology of intrapelvic troubles, elucidated by post mortem and operative investigation, has been reduced to such a degree of perfection and comprehension that diagnosis is rendered comparatively simple, and the indications for treatment placed upon a more universally scientific basis. I cannot better express the conclusion arrived at by our leading gynecologists in regard to intra pelvic inflammations, than by quoting Dr. L. S. McMurty, of Danville, Ky., who thus graphically classifies them:

1. Intrapelvic inflammations cannot properly be classified as parametritis and peri metritis, inasmuch as inflammation of serus and cellular tissues cannot be separated clinically or histologically. 2. Periuterine phlegmon of nonat (cellulitis of Emmett) is as rare as inflammation of the cellular tissue in other parts of the body. 4. Intra pelvic inflammation is as a rule peritonitis resulting from disease of the ovaries and fallopian tubes arising in puerperal or gonorrhaeal injection, or the miscellaneous injections carried to the endometrium by unclean instruments, tents or medicinal agents or from traumatism. 4. Pelvic peritonitis is symptomatic and never idiopathic. These conclusions must serve to show how utterly futile local treatment must be in a very large proportion of those cases of intra-pelvic inflammation.

It must have been the observation of every one, even though his experience may have been limited, that very many of these cases when treated by the usual method of hot injections, iodine, glycerine, tampons, etc., though they may improve a little for the time, soon relapse into a condition varying from discomfort to a condition of absolute invalidism. Very many of these cases I believe, may develop insidiously with no well pronounced symptoms of peritonitis, in fact, I have often thought this class of cases to be considerably in the majority. It is this class of cases which require the greater care and discrimination in arriving at a proper course to be pursued. Whether the tubes and ovaries give physical evidence of disease or not we often find relief only in the line of operative interferences, either for their complete or partial extirpation.

Polk and Dudley of New York, and others report successes from exercising portions of diseased ovaries, evacuation of cysts &c., thus obviating complete extirpation.

The *point* I wish to establish is, that a much larger proportion of chronic female disorders than is generally supposed demand for their relief extirpation of the appendages or such interference as shall succeed where local treatments have failed. That class in which the operation is resorted to as the *last* and *only* means for saving life is largely in the minority and yields

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but poor results as a rule. During the present year I have operated upon ten cases for various troubles requiring the extirpation of the uterine appendages. I have had but one death, and that in one who belonged to the dernier resort class, she and her friends having refused operative interference until to late. The others have all shown marked improvement, in fact, every case save one showed perfect relief from the symptons which prompted the operation. My experience has been such that I am not slow in advocating the operation for the relief of symptoms which do not yield to other plans of treatment assiduously applied for a reasonable length of time.

Generally we have physical evidences of organic trouble which shall aid us in determining upon an operation. but, even though we do not find such evidences, in view of the fact that the danger from the operation has been so minimized by experience and attention to detail, and since we find the effect upon the woman to be in no way objectionable, save that she ceases to be a child bearing woman, I am disposed to entertain the opinion that the resulting benefit from such operation by far outweighs all or any objection yet raised. While I entertain such hopeful expectations from operative interference, I must, at the same time, counsel the utmost conservatism in regard to hasty and unwarrantable operation. I should say too, that the operation should not be performed promiscuosly by those who have had little or no experience, for certainly statistics show that those most familiar with the technique of abdominal surgery, obtain the better results.

Modern Surgery.

By A. J. BEST, Centralia, Kansas.

Read before the Northern Kansas Medical Society, November, 1890.

Mr. President and Gentlemen—The subject of modern surgery is one that might well challenge our highest enthusiasm, and has attained to such a degree of perfection and usefulness as to compel us to adopt the motto of a late convention, "Surgery and Hygiene, the medicine of the nineteenth century." For although the practice of medicine has made rapid strides and many wonderful remedies have been added to its armamentarium the charlatan still finds it a fruitful field to cultivate. The faith cure and the infinitessimalist, the Christian scientist and the wonderful discoverers, collect filthy lucre in exchange for their humbugs.

But the surgeon occupies a field which they dare not cultivate. Men will adopt a humbug and hug their delusions when reason should teach them better. But let them break a leg or suffer any other great injury, and immediately the Christian science or faith cure delusion vanishes like the mists of the morning and their greatest anxiety is to procure the service of the best surgeon within their reach. They know full well that neither faith nor the thirtieth potency of a grain of chalk would ever prevent their bleeding to death when the femoral artery is severed.

Comparing the status of surgery of to-day with that of half a century agone the improvement is wonderful, and is no more to be compared with the surgery of a few years ago than the "one hoss shay" to the electric cars of our great cities. With all the miraculous achievements of the pioneers of

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surgery, such men as Hunter, Petit, Payne and the great Kentuckian, who gave us ovariotomy would have to go to school before they could be competent surgeons. One of the ancients recommends as a painless operation for ingrowing nail that a pair of sharp pointed narrow bladed scissors be pushed rapidly under the nail to the root, severing in two parts, then with strong forceps quickty tearing away each part. It is said that the Chinese surgeon plugs up a wound, thus retaining the secretions and the patient dies. The modern surgeon gives the wound free drainage, keeps it clean, and nature furnishes the cure.

Witness an amputation of ye olden time. The patient is strapped to a table and amid shrieks and yells, the surgeon with all the haste possible severs the limb, speed being the surgeon's highest recommendation. To stop the bleeding he plunged the stump into hot tar or applied the actual cautery, later torsion or the ligature was applied to the arteries and then the blessed boon chloroform took away much of the horrors of the operating table, and made practical many life saving operations which before were considered impossible. But still in all the important operations days and weeks of fever and suppuration were the rule and a large percentage succumbed to the strain. There was something else needed. The interest of humanity demanded it. It is said that whenever there is a great want, a great man is raised to fill it. Lister taught us antiseptics. The discovery of the causes of inflammation and the methods of prevention have revolutionized surgical science. With asepsis no portion of the human anatomy is too sacred for exploration. With the aid of science diseases of the brain are located and the trephine and bistury are fearlessly used. Under antiseptics the bones in compressed fractures are nailed together, dressing and plaster applied and the otherwise hopeless limb is saved. Amputation once the rule is now the exception. Life in a limb is a guarantee of its preservation.

With asepsis wounds of the intestines formerly treated on the so-called expectant plan, probably because we expected them to die, are now carefully sought for, stitched and the sufferer given a chance for his life, and if perchance the cut is too small or too difficult to locate the whole tract is filled with gas and the lighted taper completes the diagnosis. The dread complications of the wounds at once perilling to life and limb are now dismissed. But even the glorious attainments of modern surgery like every other good thing may lead to abuses. Already the impunity with which the abdominal cavity is laid open has tempted some of our brethren to unjustifiable mutilations. Why should female eunuchs be less repugnant to our sensibilities than those of the other sex. Let not the noble profession of surgery be dishonored by a mania for using the knife. Let not the itching desire for a little notoriety lead us into the uncalled for operations, but let us a physician, surgeon or specialist, work together to alleviate suffering and prolong life. The surgeon who attempts to practice his art without first informing himself of and attending to all the details of antiseptics is criminally liable, and I believe the court would so hold in case disaster could be reasonably traced to the neglect of such precautions as the Masters teach are essential.

Provide yourself with a good strong valise, name it an emergency case and fill it with the following articles which I enumerate in the hope that some one can suggest others: One rubber sheet one yard by one and one-half yards, one ounce of five per cent solution of cocaine, five yards bi-chloride gauze, one yard of protective, four ounces ether, four ounces chloroform, eight ounces

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whisky, one ounce aqua ammonia, one bottle drainage tubes, one cake good soap, one powder blower, iodoform, one dozen bi-cloride tablets, one ounce worsted cotton, half pound absorbent cotton, four ounces carbolic acid, one razor, cat gut, assorted sizes, some in silk, needles, hard rubber syringe, fountain syringe and bandages, packed by itself a good supply of sized cheese cloth, the same about two and one-half to three inches wide and rolled in plaster, a few strips of tin, two pounds of good plaster paris and a roll of good cotton batting. This in cases of fractures. In conclusion I wish to report the following case:

R. S., a man aged 58 and weighing 225 pounds was thrown from his buggy and sustained a double compound comminuted complicated fracture of his leg about two inches above the ankle joint. The left leg had but a small flesh wound but the bones were crushed and the fracture extended apparently into the joint. The right leg had an external wound of about three inches, extending diagonally across the internal surface of the tibia, the upper part protruding about one and a half inches. On arriving at the scene of the accident I found that Dr. Reding, of Vermillion, had been summoned and had carefully cleansed the wound, shaved the leg and enveloped them in towels wrung from a hot antiseptic solution and placed the patient in as comfortable a position as possible. The first object in dressing a compound fracture is to convert it as soon as possible into a simple fracture, and with this object in view the left leg was dressed with iodoform freely sprinkled over the wound, bi-chloride gauze over that, and covering this and extending beyond the margins for several inches, absorbent cotton. The whole foot and leg for about five inches above the knee was well padded with cotton batting and a plaster applied. But the right leg was a bad looking job, large ragged wound with bone protruding, and on introducing my finger I found and extracted six pieces of bone all the way from one-half to one inch in length, one piece appeared ta be the external malleolus, and although quite loose was so firmly held by ligameuts that we concluded to leave it. The fracture was then reduced, but the wound was so ragged that we could not approximate the surface and the end of the bones were so pointed that it would have required considerable force to maintain them in apposition, so we turned the bones out again and sawed off about three-fourths of an inch. This rendered the reduction comparatively easy. Drainage tube was carried through the wound and through the tissues at the most dependent portion and held by sterilized safety pins, the edges of the wound stitched carefully together and the whole dressed as the other leg, and windows cut in the plaster directly over the wounds. The limbs were snap corded from pulleys fixed in the ceiling in such a manner that the body could be moved without disturbing the fracture, being raised or lowered by the same contrivance as is used for tightening tent ropes. The dressings were removed on the third day to allow Dr. Brock, of Leavenworth, his former physician, to examine the wounds. This was done by simply opening the windows. I saw the case but few times afterwards as Dr. Reding, near whose home the accident happened, had charge of it from that time. He never had any fever and absolutely no suppuration or pain, his appetite was good throughout and to all appearances he did not loose flesh. We removed the old splints and applied light plaster ones of the stirrup plan and sent him to his home in Leavenworth. In about four months he walked into my office with the aid of one cane, shoe on and laced up, and on examination I found the bones firmly united and almost perfect motion of

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of the joints. To-day he is walking without the use of cane or crutch and with scarcely any perceptible halt. I have described as carefully as I could the mode of treatment in this case, as it illustrates the methods I pursue in such cases.

Morbific Agents; Their Nature and Source.

By

Questions respecting the nature and action of disease-producing agents have always been more or less speculative. They are not much else yet, and may never be anything else. Speculation must exist when facts are wanting. The human mind instinctively seeks to know the causes of phenomena, and when these can not be found in fact, speculation arises and theories follow. We desire to know the *what and the whence* of morbific causes; but when these causes are invisible solids of microscopical dimensions, or gases recognizable only by their odor, we find our investigations beset with difficulties, not the least of which is establishing a genetic connection between a supposed cause and an observed phenomenon. The only evidence of the presence and action of an invisible agent is the phenomenon of which the agent is the cause. In the case of visible causes, the connection between cause and effect is not difficult to be seen. If a person takes morphine, with whose properties we are well acquainted, we can trace the connection between the substance and the phenomena present. In this substance, it is an alkaloid that produces the phenomena. So in the poison of serpents. The fluid contains a substance that has poisonous properties, and we ascribe at once the effects witnessed to the poisonous fluid. The connection between the cause and the effects is readily conceived and perceived. How it produces the effects is another question, not now to be considered. We may be able to perceive the connection between cause and effect in the case of an invisible gas, and hence be justified in ascribing the effects to a particular cause. In such cases, we see the proximate cause. We may not be able to trace secondary causes from the beginning of their action to the end, and it may not be necessary.

But when we come to deal with causes existing in the air, as effluvia, gaseous products arising from physical or vital action, we find our path beset with many difficulties. These effluvia may be purely gaseous substances, of a physical or organic constitution—inorganic or organic matter—or they may contain, and generally do contain, living matter in the form of vegetable spores or animal germs, the initial organisms of matured individuals. It then becomes an important question, whether it is the living organisms that are the causes of diseases, or the inorganic or organic gaseous substances with which the organisms exist, that are the direct or real cause of the diseased action which may seem to arise from their action on the body.

The action of material substances which are known to cause disease in a living organism, must be ascribed to the poisonous character of such substances, for we know that non-poisonous matter creates no disturbance in the body except by quantity, as when good food is taken in an oppressive quantity. Yet when this fact is known, we have still to inquire how poisonous matter operates in lighting up diseased action. Omitting the consideration of all substances which act in a violent or excessive manner, and limiting our inquiry to such as act slowly in producing their effects, we may consider,

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first, on what part of the body they make their primary impression as poisonous substances.

It needs but the statement that disease can occur only in a living organism. Dead matter is beyond the reach of morbific agents. Changes taking place in such matter are physical and not vital, unless vital action is concerned in such changes. But it must be understood that abnormal changes taking place in living organisms, are to be ascribed to some cause which determines such changes, and these causes are from without and from within. The causes within are too occult to allow any detection of them, in some cases, until they show themselves in the phenomena of disease. They are of the nature of diatheses, peculiar action of the vital force in its cell operations, dependent on causes which have affected the entire organism and on account of which condition effected by such causes, certain organs or tissues become more susceptible to the influence of causes acting from without. Thus cancer may appear in a part that has suffered from an irritation excited by external causes, as when tobacco lights up the disease in the lip or tongue, or when the tubercular diathesis determines a pneumonia to phthisis. The diathesis lies in the living matter of the vital units of the organism, and gives to the action of living matter tendencies to certain kinds of manifestation; but inasmuch as the tendency to disease is limited to certain organs or structures, the vitality of other parts of the organisms tends to counteract the influence of the diathetic power and hold it in check until inflammatory action intervenes to impair the general vitality and allow the diathetic influence greater power over an inflammed organ, or that structure to which the diathesis naturally tends. The inflammatory action impairs the vigor of the vital force in the organism, and thus still further weakens the force in an organ most susceptible to the action of the diathesis. Whatever the tissues, the general abnormal condition lessens the strength of the vital force in an organ or structure. Then in case of tubercular diathesis, mental troubles, as grief and anxiety, will light up disease of the lungs by impairing the general vigor.

As diseased action takes place only in living matter, and as changes in non-living matter take place only when living matter is suffering from the action of a morbific agent, it follows in consequence that morbific agents act primarily on living matter, when their action is not destructive by the violence of their chemical action. From the kind of morbific agents which we are now considering, the destructive kinds are entirely excluded, and those only come under review whose physical state permits them to act on the organism by immediate contact with living matter through the general circulation. For this, these agents must be either liquid or gaseous. They must be in that physical form which will permit them to be taken into the circulation. Liquids are absorbed from the *primaeviae*, and gases reach the blood through the lungs. Solid matter must be made soluble in the fluids of the canal before they can reach the blood. This we know. Do matured living micro-organisms enter the circulation? If they do, can they live in it? It has been stated by some that they do. If found there, they are dead or harmless. They can not feed on normal blood.

DOCTOR, have you noticed the offer we make you for clubbing the Home Magazine, conducted by Mrs. John A. Logan, assisted by the most brilliant writers of the day? Look it up in the advertising pages, and you will be sure to send in your name at once.

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REPORTS OF CLINICS

MEDICAL HERALD PRIZE CONTEST, BY STUDENTS OF THE ENSWORTH MEDICAL COLLEGE.*

Medical Clinic, Dr. T. H. Doyle—HEART DISEASE—MITRAL REGURGITATION.

Here is a small patient, aet. eight months, that will, I hope, be of some interest to you. This little girl is very small of her age and presents an anæmic appearance. The mother tells us that the child has never been sick to her knowledge, but seems to be very susceptible to cold in the head, and during these attacks of coryza she has noticed some palpitation of the heart. Upon putting my ear to the chest I get a systolic murmur which is transmitted to the axilla and around to the scapular region where it can be heard very distinctly. This is a mitral regurgitant murmur and is caused by the blood regurgitating through the left ventricular opening. The condition of the mitral valves, which guard this opening, is abnormal. They are probably thickened from endocarditis or a small slit has been caused by the giving way of one of the chordæ tendinæ, thus allowing the blood to regurgitate. We have no history of endocarditis in this case, but it is possible that it had an attack sufficient to cause this lesion and yet the mother not notice it. We have no history of joint swelling, therefore, would not infer that it had had acute articular rheumatism. On inquiry I find that the father has been troubled with acute articular rheumatism and probably has had endocarditis. What are we going to do with this little patient? Give it digitilis and aconite? Certainly not; we will leave it mostly to nature. Will assist nature by keeping the patient quiet and giving tonics and iron to build up the general system.

Surgical Clinic, Dr. S. F. Kessler.—NECROSIS OF PARIETAL.

This woman, when a child, was very badly burned on the front and right side of the head. This of course, left a very extensive scar, or cicatrix, as is always the case with burns where a very large surface is implicated. A few years ago, while passing through a doorway, she accidentally struck her head in the region of the parietal eminence, against the casement, and there being no hair on the cicatrix, received a very severe bruise which set up an extensive ulceration. A "quack doctor" got hold of the case, pronounced it cancer, and proceeded to treat it with plaster and poultice, as *he* said, to eat it out which had the desired effect of the quack, i. e., to eat the patient's pocket-book out, but left the so-called cancer as you see it. This is not a cancer, but probably a necrosis of a portion of the parietal bone. caused by the eating of the medicine put upon it. We cannot say as to the extent of the affection until we have made an exploratory incision. As the patient is under the influence of the anæsthetic we will proceed to make a T shaped incision, turn back the flaps and explore with the probe.* It is very easy to tell dead bone by passing a probe over it. In dead bone we get a rough grating sensation, while in healthy structure the probe glides smoothly over. We find that there is a small surface of necrosed bone in this case which we will remove, for as long as the dead

Prizes awarded in first contest, 1890: Dr. J. W. McCleod, Case of Surgical Instruments; Dr. Wm. Neenan, Young Surgical Chair.

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bone remains the sinus will exist and in place of getting better will implicate more structure and do serious damage. We have now removed all the dead bone, cutting through the external table and scraping the cavity till it is perfectly smooth. Here you see the blood oozing from the diplœ. The incision will be closed with silk sutures. It will probably heal by granulation as the flaps are very poorly nourished and it is extremely hard to get union by first intention in burned tissue Oct. 11. The patient is doing very nicely. There is a little pus but not so much as we would expect in such a case. Oct. 19. Healing nicely by granulation.

Surgical Clinic, Dr. Jacob Geiger.—TALIPES EQUINO VARUS.

The case before you to-day, gentlemen, is one of talipes, commonly called club-foot. This young lady's foot was perfectly straight until she was over a year old, when she had scarlet fever, and since that time the right foot has been deformed. This is, as you see, a compound deformity, (equino varus). Two weeks ago we performed tenotomy, dividing the tendo Achillis which allows the heel to come down, but you notice there is still a turning outward of the foot, which is due to a shortening of the plantar fascia and the internal lateral ligaments, together with a contracted condition of the tibialis anticus and posticus muscles. We always find one of two conditions in talipes, i. e., shortening, or paralysis. To help this case along, the patient received, when a child, a severe burn on the back part of the leg, and the cicatrix has, of course, helped cause the sural muscles to contract. That, however has been overcome by the tenotomy, and now we seek to remedy the remaining deformity. We will apply this shoe, which has been made to order, with braces on either side to hold the foot straight, and an elastic coil to produce traction with the weak muscles. In a case like this of long standing we cannot promise a complete recovery, but in all probability this will become a useful foot. Infancy is the best time to correct these deformities for it makes no difference to what extent the deformity exists we still have a normal development of bones, but an abnormal relation of natural facets and articulating surfaces which only need be put in place and retained there, but which, after being drawn out of place for a number of years form new facets and articulating surfaces. Then it becomes impossible to correct the deformity and have a perfect result.

Surgical Clinic, Dr. J. W. Heddens.—TALIPES EQUINUS.

Gentlemen, this little girl, æt 3 years, has a very common affection, that of talipes, commonly called club-foot. In this case, i. e., talipes equinus, the heel is drawn up, and the weight of the body falls upon the plantar aspect of the metatarsus and phalanges; the gastrocnemius and soleus are shortened, the tendo Achilles made tense and the heel can not be brought down. Simple talipes equinus, as in this case, is not of very frequent occurrence, since it is almost always complicated with inward rotation of the tarsus, or talipes equino varus. Talipes is either congenital or acquired. In this case it was acquired, following an attack of spinal meningitis, when the child was about a year old. We may have either of two conditions or both in club-foot, i. e., contraction or shortening of the muscles in the side drawn up and paralysis of the muscles of the opposite side. In this case we have the former condition only. We will treat this by dividing the tendo Achilles, which

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is done in the following manner: The patient is anæsthetized and the tarsus forcibly flexed upon the leg, in order to place the tendo Achilles and plantar fascia upon the stretch; a slight puncture of the skin is then made, a little in front of the tendon on the inner side of the leg just above the malleolus; the tenetome is introduced in this opening and the tendon divided. As soon as the tendon is divided the tenotome is removed and the puncture covered with antiseptic gauze. The plantar fascia may be divided in a similar manner, but in this case it is not necessary. The foot is now enveloped in cotton, a snug roller bandage applied and the foot held at right angles to the leg by a suitable splint.

Surgical Clinic, Dr. Jacob Geiger—Necrosis of Humerus.

Last July this boy, aet. 14 years, received an injury upon the left arm, the result of which you see before you. This is a case of necrosis of the humerus, caused by periostitis, which was the primary result of the injury. As to the extent of the affection we are unable to say until we have made an incision. The patient being under the influence of the anæsthetic, we will proceed with the operation, and in order to make it as near bloodless as possible will use the elastic bandage. We use chloroform in preference to ether, for the reason that children stand chloroform the better. The incision discloses the fact that the greater portion of the shaft is destroyed. After chiseling away the dead bone, you see that the medullary canal is all broken down and will have to be scraped out. At the lower end of the incision we begin to get down to healthy bone which has the characteristic appearance. Here you have a beautiful view of the cavity. Its entire circumference of bone was destroyed and has been cut away. There is some healthy bone here; *i. e.*, new bone, which we will let remain and as the periosteum is in a healthy condition we hope for a good result. There will be some bleeding when we remove the bandage, so we will use hot water, which is an excellent hæmostatic. The incision will now be closed with sutures and dressed with antiseptic gauze.

Surgical Clinic, Dr. J. W. Heddens—Hepatic Abscess, Destruction of the entire Right Lobe.

Mr. L. J. aet. 36 years, is brought to us with the following history: He has never been a strong man but was always able to work at light farm work which he did for a livelihood up to last March when he was taken with la grippe and confined to bed seven weeks. When he recovered sufficiently he moved to the city and has since resided here, working at odd jobs. About eight weeks ago he began to complain of a sore spot, about the size of a half dollar, in the right hypochondriac region; this gradually kept getting larger and soon confined him to bed. He had entire loss of appetite and became very much emaciated, as you see. Three weeks ago he passed large quantity of pus while at stool, this probably came from an abscess in the same region and may possibly have been the one of which he is complaining. You notice there is quite a large tumor here which points out between the ninth and tenth ribs. This is an abscess which probably involves the right lobe of the liver. We will proceed to open it as that is the indication wherever we have pus. You see from the discharge that this is a very large abscess, there being over one-half gallon of pus which has a very fetid odor. Upon introducing the finger into the cavity we find the entire right lobe of the liver is destroyed, the two

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peritoneal surfaces having formed adhesions. We will irrigate the abscess cavity with a two per cent solution of iodoform in ether. Two large drainage tubes will be introduced and a dressing of antiseptic gauze applied. This man will be given supportive and stimulating treatment, i. e. cod liver oil, iron, whisky and a good diet. The prognosis in this case is very grave. The patient in this case has been so reduced that we could hardly hope for a recovery. Had this operation been done four or five weeks ago there would have been a chance of recovery.

Surgical Clinic, Dr. Jacob Geiger.—OSTEO-SARCOMA.

This gentleman, Mr. H. F., æt 19 years, comes to us through the kindness of Dr. Grantham. The history of the case is this: Between two and three months ago he noticed a light swelling and tenderness about the knee joint. This was accompanied with more or less pain and has continued to enlarge till now you notice there is quite a tumor in the region of the upper portion of the tibia. He tells us there is constant pain in the affected part and you notice he walks with a limp. The next question is what is this? From all appearances we believe this to be an osteo-sarcoma. Of course we cannot say positively. The only thing that will tell positively is an incision and examination. An operation is the only thing that will afford relief in this condition, but we will defer that for a time yet and watch the development that we may be sure we know for what we are operating.

Surgical Clinic, Dr. J. W. Heddens—COMPOUND POTTS' FRACTURE.

Miss J., aet; 17, colored, five weeks ago while riding, was thrown from a buggy receiving a compound Potts' fracture, the inner maleolus being fractured in conjunction with complete break of the fibula This is a comparatively frequent occurrence. It is often a railroad or street car fracture, since it is often caused by jumping from a moving car. In this case the foot was so powerfullv everted that the broken end of the fibula protruded, thus making a compound fracture. This was treated in the usual manner by splinter, till the swelling had subsided when a plaster of paris dressing was applied. There was complete union of both bones. We will now break up the adhesions at the ankle joint. This we do under anæsthetics as it is very painful. This will be done every day by the nurse and in a short time the patient will have complete use of the foot.

Surgical Clinic, Dr. Jacob Geiger—DISLOCATION AT ELBOW.

About six weeks ago this boy received a fall, sustaining an injury to the elbow joint. The family physician pronounced it a dislocation, and as he supposed succeeded in reducing it; but after some time found he was mistaken, and then sent the case to another physician who has quite a reputation as a surgeon. He made an attempt at reduction. Later on it was found that the second effort had not proved a success, and so the case comes here to see what we can do for him. A simple statement of dislocation of the elbow is a vague and meaningless statement. To be more definite, this is a dislocation of the ulna backward and of the radius forward. I have told his father that I will not promise to do anything, except not to make matters any worse than I find them. I can hardly do this, however, with safety, as the products of inflammation have filled up the cavities of the joint and

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adhesions have taken place which will require much force to break up, and in doing this I may do injury to nerves and blood vessels, or even fracture the bones. Chloroform was administered and reduction accomplished and the prognosis now made that the boy will have good use of his arm. The elbow, however, will be less shapely than it was before the injury. It is not well in cases of this kind to attempt to do too much at one sitting. I shall require that he be returned in about ten days, when I will attempt to more completely reduce the dislocated parts.

Surgical Clinic, Dr. J. W. Heddens—RUPTURE OF COSTAL CARTILAGE.

This gentleman, Mr. J. C. O., aet; 35 years, comes to us with the following history: Eight years ago he received an injury on the left side in the region of the ninth costal cartilage. This has troubled him ever since, and upon examination we find the ninth costal cartilage separated from the slightest exertion, and even in full respiration the end of the rib works very perceptibly. We will cut down upon this and bring the cartilages in apposition with a silver wire suture. Before tightening the suture we will scrape the approximating surfaces in order that we may get good union. It is needless to say this will be dressed antiseptically, as that is understood in all operations.

Surgical Clinic, Traumatic Neurosis, Dr. Jacob Geiger.

This child is an epileptic, he is also insane. If he lives there is little prospect of his life being of any value to the world. Four years ago he fell and struck his head. There may be a depression of the skull which is causing all the trouble. I will give him a little chloroform to subdue his violence so that a more thorough examination may be made. I had hoped that a fracture of the skull might be found, but I can find nothing to warrant an operation. An exudation of blood may have taken place and becoming organized be pressing on the brain. We would not be justified in operating as it would be entirely experimental and most likely fatal.

State Board of Health.

THE District Medical Society passed the following resolutions by a unanimous vote:

WHEREAS, The State Board of Health of the State of Missouri is an organization worthy of the moral support of every citizen of the State since its functions concern the lives of the people of this commonwealth and the live stock interests as well. Therefore, be it

Resolved, That this society embracing within its territory the counties of Atchison, Andrew, Buchanan, Clinton, DeKalb, Gentry, Holt, Nodaway and Worth, earnestly but respectfully petition the representatives from these counties, now assembled in legislative session at Jefferson City, to use their personal influence to secure for said Board of Health an appropriation for its support, commensurate with the importance of the duties required of said Board.

Resolved, That the Secretary be instructed to send a copy of these resolutions to each representative from the above mentioned counties.

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DEPARTMENTS

DISEASES OF THE THROAT, NOSE AND CHEST.

EDITED BY H. W. LOEB, A. M., M. D., ST. LOUIS, MO.

Lecturer on Diseases of the Nose and Throat, Marion-Sims College of Medicine.

Pyoktanin in Throat and Nose Diseases.—Dr. Max Thorner, Cincinnati, thinks that pyoktanin offers no advantage over other drugs as a gargle in acute folliculous tonsilitis and the like. He has used the blue preparation in purulent rhinitis and in empyema of the antrum with no improvement, while the exhibition of peroxide of hydrogen was followed by marked relief. He avers as a disadvantage the blue staining of the nose, lips, beard and mouth and no less, the hands of the physician. A healthy moral may be drawn from Dr. Thorner's observations, viz.: it is not well to adopt every new drug, which comes along, as a sort of sheet-anchor of treatment.

Hypertrophy of the Tonsils.—In a paper read before the American Rhinological Society, Dr. T. H. Stucky, Louisville, Ky., calls attention (*M. and S. Reporter*) to some dangers which may supervent the use of cauterizing agents applied to hypertrophied tonsils. He says:

"There is one precaution which should be remembered when using local applications of acids to hypertrophied tonsils, and especially when operating with the galvano-cautery, viz.: the possibility of having an active, extensive inflammation to follow, producing middle-ear suppuration. I recall three cases which occurred in this city. One following the use of carbolic acid, the second chromic acid, and the third the galvano-cautery. The last occurred in my practice, and I now believe it was due to faulty use of the same.

The galvano-cautery snare, where we have the history of hemorrhagic diathesis, is a great and valuable addition to our armamentarium. Dr. Morell Mackenzie recommends the use of London paste, applied once or twice a week, according to circumstances, over various parts of the organ. This method is slow and painful. Where the organ is fibrous, dense and hard, tonsil-lectomy should be resorted to. While the danger from hemorrhage is reduced to a minimum, the time, suffering and inconveniences which are overcome by ablation render it, in my judgment, the operation for speedy relief, and it should always be performed where the hypertrophy is dense in character. Where we have the opposite state of affairs, that is, softness and bogginess, the methods previously mentioned are to be preferred. By the injection of a ten per cent solution of muriate of cocaine into parenchyma of the tonsils, the operation by constriction of the blood-vessels is rendered almost bloodless."

Specialists are now seemingly more cautious about removing the tonsils than heretofore obtained. A single unfortunate case is often sufficient to change a man's feeling upon the subject. One alarming hemorrhage, one intense otitis media, resulting from ablation or cauterization of the tonsil, may do the attending physician a deal of harm, and yet he may be innocent of all blame. It therefore behooves the considerate practitioner to look well to his preserves and to weigh carefully the dangerous little accidents which may occur. When the mother asks if the tonsil-lectomy will be attended with any danger, don't say curtly "no," but explain, if not

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to her, to some interested party, that while these little accidents are excessively rare, they do occasionally result.

The time has come and gone, when in a crude, unscientific manner, everybody attempts the removal of the tonsil. More pains and more thought are expended upon the subject. The ideal of to-day is the use, in these cases, of the galvano-cautery, either as a snare or as a dissector, and to those who have practice with it, nothing else appears satisfactory or tangible.

Erysipelas Versus Diphtheria.—Something new in the line of treatment of diphtheria is the inoculation with the microbes of erysipelas. This calls to mind the use of gonorrhœal virus for certain eye diseases. The following, which is taken from the *London Medical Review*, explains the present status of observations:

"Babtschinski observed three severe cases of diphtheria which resulted in recovery after the spontaneous appearance of erysipelas. This led him to experiment with the treatment of diphtheria by inoculations with the cultures of the erysipelas microbes. Fourteen patients were treated by this method. The inoculations were made by means of scarification of the neighborhood of the sub-maxillery lymphatic glands. The symptoms of erysipelas showed themselves in from four to twelve hours, and as the erysipelas progressed the diphtheritic membrane gradually disappeared from the fauces, the lymphatic engorgement diminished, and the temperature fell. In two cases only was the treatment unsuccessful, and in these, death occurred before the erysipelas developed. No additional treatment was used, and other cases of diphtheria occurring in the families of those inoculated were, without exception, fatal."

Treatment of Colds by Sodium Salicylate.—In a recent number of the *Memphis Medical Journal* the claim is made that salicylate of sodium is as equally efficacious in the treatment of bad colds as it is in tonsilitis. A prescription of half an ounce of salicylate of sodium with half an ounce of syrup of orange peel and enough mint water to make four ounces, is recommended in the doses of a dessertspoonful every three or four hours, until the specific action of the salicylate—that is ringing in the ears—is produced. It is claimed that aching in the brow, the eyes, and the nose, together with the sneezing and the nasal discharge, will then cease, and will entirely disappear in a few days, not leaving, as is usually the case, cough from the extension of the inflammation to the bronchial tubes.

Chinese Treatment of Diphtheria.—The *Lancet*, November 22, 1890, says that a popular remedy for diphtheria, which has been employed in China for over 300 years, recently formed the subject of a communication by M. Lecerf to the *Societe de Medecine Pratique* of Paris. The treatment consists of blowing a powder into the throat, using decoction of plants as a gargle and drink, and the employment of certain hygienic measures. The powder is called *sin-seh*, and it appears to consist essentially of borax, camphor, powdered pearls, cinnabar, acetate of copper and charcoal, the percentage of borax and camphor being respectively 42.5 and 12. From twenty to thirty centigrams of this powder are blown through a paper tube every two hours. The decoction is difficult to imitate, as it is made from the following: roots of the coptis teeta (Scutellaria viscidula), Hanax quinquefolium or ginseng and Platycodon grand; flowers of Caprifolium chinsense, fruit of the

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Uvularia cirrhosa, bark of Pterocarpus flavus, Capanus flavus root, and Glycyrrhiza glabra. About fifty grams of each are boiled in a pint of water until it is reduced to 200 cubic centigrams. This is filtered, allowed to cool and given in three doses in the twenty-four hours. The regimen enjoins the avoidance of ice, cold drinks, sugar and fatty matters and fruits, but allows at first boiled rice, eggs and salt fish, and later boiled chicken and bread. A large number of cases are said to be cured in three days, but the evidence on which they are termed diphtheritic is by no means conclusive.

OBSTETRICS AND GYNECOLOGY

EDITED BY F. G. THOMPSON, M. D., C. M.,
ST. JOSEPH, MO.

Fibroid Tumor of the Uterus.—The patient is forty years of age, and has been married for many years. Seven years ago she miscarried and gave birth to a dead fœtus. For five years subsequent to this abortion she had no menstrual flow. Whenever you meet an abortion, no matter where, the question first comes to mind is: Can this be due to syphilis? I examine both the man and woman, if possible, asking not only whether they ever had syphilis—for they may not know what that means—but whether they have ever had a sore on their privates, or the mucous patches, eruptions, and other manifestations of the disease, upon the other parts of their bodies. In this case, the first thing that strikes us in our examination is that the nymphæ are very much enlarged. If she was unmarried, I should think first of self-abuse, though I should not be certain that this was the cause. You can see that these nymphæ are flattened and elongated. I now pass in the uterine sound, and, in doing so, resort to the "master's wrinkle." This consists in introducing the instrument into the cavity of the uterus by pressing the handle down, raising it, and then depressing it, when in it goes. We have here a large fibroid of the uterus. I think there is also a smaller fibroma to the right of the uterus—a sub-peritoneal fibroid. Now, as this is a tumor that rarely kills, the question is whether the woman is suffering sufficient pain or annoyance for me to operate. The uterus might be removed; but this is hardly ever needful in such cases. The operation generally resorted to is oophorectomy, because this means the monthly flow of blood to the organ is stopped, and the tumor ceases to grow, from lack of nutrition. If, however, you refuse to operate, or the patient is afraid to run the risks incident thereto, you can put her on two medicines, ammonium chloride and fluid extract of ergot—say, ten grains of the former, which is the great absorbent, and from fifteen to twenty drops of the latter, which, by cutting off the blood supply from the tumor, cause it to cease to thrive and will gradually make it lessen in size. These medicines are to be taken three times a day, and preferably at meal-times, lest the action of ergot on the vasomotor nerves, nausea, and digestive disturbance be occasioned. Again, fibroid tumors being fleshly tumors, not cystic, they increase slowly in comparison with fluid tumors until the change of life, when they either cease to increase or lessen in size. If the change of life is deferred until later, these tumors may become fibro-cystic, and sometimes cancerous; but, as I never met with an instance of the latter in my practice, when women became nervous and question me on the

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subject, I hoot at the idea. If, on the other hand, a woman with a fibroid tumor be not well-off pecuniarily, so as to live a life of ease, nor free from pain, I generally advise the removal of her ovaries. In this case I shall put the woman upon the above-mentioned medicines until I can more thoroughly study her case.—*Wm. Goodell, M, D., in Med. News.*

Bandage after Labor.—Before the Obstetrical Society of London, Dr. Herman considered the use of the binder or bandage during the laying-in period, and concluded that its sole utility consisted in the comfort it gives the patient. He did not think it had any effect in keeping the waist measurement small and so preserving the figure of the patient. To counteract the injurious effects of the sudden lowering of the intra-abdominal pressure it should be applied at the moment that evacuation of the uterus takes place. Dr. Gervis said that patients wanted it not so much because it might influence the size of the waist, but for the support it gave to the lower abdomen and its effects in checking any tendency to undue fullness there afterwards. It promotes uterine action and checks hæmorrhage. Non-use of the binder leads occasionally to "pendulous belly," and its consequences. When properly adjusted it promotes involution.—*Ed. in Med. Jour.*

Cramp in the Legs.—Perhaps no minor affliction is more annoying to the sufferer than is cramp in the legs, and yet it very seldom that any attempt is made to remove it by remedial agents. A few years since an old lady, in telling me of the ills from which she had suffered, finally came to cramp in the legs, and said: "Every night for more than twenty years I have been broken of my rest by terrible cramps in my legs, and during this time I have consulted dozens of doctors, but without getting the least relief from the cramps." I gave the lady a vial of the specific tincture of viburnum prunifolium, and directed her to take ten drops of it three times a day. In about one week she again called at my office, and stated to me that the cramps had entirely left her. From that time to this she has never been without her bottle of viburnum, and whenever she has felt the slightest return of her old enemy a few doses of the medicine have never failed to give her speedy relief. This case is but a sample of more than one hundred similar cases which have come under my own personal observation. In their treatment viburnum prunifolum has been the only remedy used, and it has always given the same satisfactory results.

The Atmospheric Tractor. The Atmospheric Tractor is a concave rubber tractor, provided with a handle, and so constructed that when its concave portion is offered against the fœtal head, it displaces the intervening air, and becomes fairly affixed to the surface by atmospheric pressure. The handle can then be grasped and the head flexed, rotated, and gently delivered without injury to either the mother or the child. The Tractor contains no joints or holes, and can readily be purified after each case. It will save your patients hours of pain, and will save hours of time and anxiety to you in every case. Every Tractor sent out is tested to sustain a weight of thirty pounds, suspended from a four and a half inch globe without separating from its surface. The Tractor therefore furnishes you a safe and certain tractile force of

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thirty pounds, without any of the dangers which attend the employment of the forceps. It also affords you a means of manifestation that the forceps cannot give and enables you to preserve the perineum intact.

Vomiting of Pregnancy.—Gottschalk, of Berlin, recommends menthol in severe cases of vomiting of pregnancy. His formula is as follows: R.—Menthol, gr. xv; Spts. vini, ʒvj; Aquæ dest, ʒv. M. Sig.—One tablespoonful every hour.

GENERAL SURGERY

Treatment of Carbuncle.—Several yeers ago I was called to see a patient living fifty miles away in the country, a very frequent occurrence in southern Texas, where pastures contain from ten to five hundred thousand acres in one enclosure. I met on the road a man suffering fearfully with carbuncles. He had three: one on his face, one on his wrist and one on the back of his neck. I don't think I ever saw any person suffer as he did. The only medicine I had with me which I thought could give relief was a saturated solution of chloral hydrate in water and glycerine. Of this I poured one teaspoonful over the bread poultices, and applied them to the carbuncles, expecting as soon as the man was relieved of pain to make the ordinary incisions. To my surprise he was soon relieved of pain, and the next morning the carbuncles looked so much better that I concluded to continue the treatment, without making incisions. I did not see this man again for about two months, when he came into my office for a prescription of the medicine I used, saying that he had had no more trouble after I left; that his carbuncles had diminished in size without sloughing, and that they soon got well. The carbuncle on his back was fully three inches in diameter. He has had several carbuncles since, using the same treatment successfully. I have not seen him recently; but I am told that he is falling off in weight. I did not evamine the urine at the time, but think he is probably suffering with diabetes.

I have now under treatment four cases of carbuncle. It is strange that nearly all the cases of carbuncle I have seen in this climate occur during February, March and April. This fact has impressed me with the idea that they are due to some climatic condition. Two of my patients have carbuncle on the back of the neck, one on the back, one on the side of the neck. I am treating these cases with a ten per cent solution of chloral hydrate in glycerine and water, applied constantly by means of absorbent cotton. The patients are doing well and having little or no pain. Internally I give sulphide of calcium.

I was very much pleased when I read the lecture on tue treatment of carbuncles by Prof. Verneuil, of Paris, in the *Reporter* of February 11, 1888. I have used carbolic acid, but not as a spray. I think the treatment by chloral is quite as successful and more easily carried out. The principal merit in the two methods is the avoidance of the old crucial incision, which I find still recommended in my latest works on surgery. I never make incisions into a carbuncle; they are useless and painful, and expose a fresh surface to the virus. It is impossssble to open every cell as it were; and I consider the crucial incision to be a relic of surgical barbarism. There may be cases, with an accumulation of pus, requiring an incision; but

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they are very rare. A man came into my office some months ago, and asked me to look at the back of his neck. He was a railroad magnate, and of course, very anxious to get well. He had been told he was getting a carbuncle, and that a crucial incision was necessary. I don't know about the carbuncle, but I do know he had the incision. The skin on a man's back, is, as near as I can estimate it, about a quarter of an inch thick; in this case I think it was about three-quarters of an inch; the length of each incision was two inches, and when I looked at them I thought, if I had my choice between such an incision and a two-inch carbuncle, I would take the carbuncle. Whether the man ever got the edges of that incision together or not is questionable; but I fancy he carries a crucial brand, which in Texas is considered quite an ornament.—*Medical and Surgical Reporter.*

Cystoscopy in Renal Diseases.—The invention of the cystoscope must be regarded as one of the most valuable additions to the armamentarium of the genito-urinary surgeon. By its employment he has been able to recognize the existence of many diseases of the bladder, in which the symptoms were too obscure to permit of a positive diagnosis. Especially brilliant results have been secured in the detection of encysted calculi, tumors of the bladder, tubercular disease, and ulcerations at the posterior vesical wall; and when it is remembered that our ability to cure many of these conditions depends upon an early diagnosis, at a time, perhaps, when the symptoms are yet vague and indefinite, the advantages of the instrument will be readily appreciated. Aside from the efficacy of electric illumination in diseases of the bladder, this method has been utilized to demonstrate the condition of the kidneys. In a paper read at the late meeting of the British Medical Association, Mr. Hurry Fenwick stated that by inspecting the orifices of the ureters, and noting the rapidity of flow and color of the urine coming from them, much valuable information might be gained regarding the condition of the renal organs. At a meeting of the Berlin Medical Society, October 22d, Dr. Nitze, the inventor of the electric cystoscope, spoke of the advantage of cystoscopy in the diagnosis of diseases of the kidneys. He called attention to the fact that many cases suffering from surgical affections of the kidneys were not benefited by an operation because it was undertaken at too late a period; and this he thought was chiefly attributable to our inability to make a positive diagnosis. The symptoms presented by these patients are often indefinite and sometimes referred to the healthy kidney, and our methods of physical diagnosis are still imperfect. Palpation is only of service in exceptional instances, where the conditions are favorable; and an examination of the urine, although of great value, cannot inform us which kidney is involved. The employment of the cystoscope clears up many of these diagnostic difficulties. It enables us to observe not only the intermittent flow of urine from the ureteral orifices, but informs us whether the fluid is discharged from both ureters and in equal amounts; whether it is clear, turbid, and contains blood and mucus. It teaches us which kidney is diseased, and the functional activity of the other kidney. The chief utility of the method, however, is the early diagnosis of renal affections, such as hydronephrosis, pyelitis, pyelonephritis, tuberculosis, calculi and tumors, and in the last three diseases, the detecting of blood escaping from the ureters is often the first indication of the nature of the malady.—*International Jour. of Surgery.*

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The Collodion Dressing in Minor Surgery.—If simplicity, ease of application and convenience in use are true measures of the value of a surgical dressing, the one described here should find favor. My own regard for it increases with each year that I use it. It is applicable to all ordinary *clean* wounds—to all wounds where no pus-forming elements have been introduced by accident, or by the surgeon. This includes incisions for the enucleation of small tumors, caseous glands, etc.; incised wounds of all kinds; contused wounds that have been thoroughly cleansed; the punctured wound of a compound fracture, and many others that will readily suggest themselves. Sutures destined to be absorbed do not interfere with it, nor do silken ones when properly sterilized. It is of especial advantage for the application of small dressings to the head and face. The materials required are absorbent cotton and flexible collodion; and the method of use is as follows: The wound having been thoroughly cleaned and aseptic'sed, the surrounding skin for a space of from one to two inches is treated in the same manner. If the part is a hairy one, the same area must be closely cropped, or better shaved. Whatever in the way of sutures may be necessary, is now applied; and, after another cleansing, iodoform or iodol is dredged fairly thickly over the wound. A very thin layer or "fluff" of absorbent cotton, simple or borated or iodoformed—as you choose, is now applied. It should stretch about half-way from the wound to the border of the surface which has been prepared for the dressing. With a camel's hair brush the flexible collodion is put on the cotton, which is brushed down, as it were, upon the wound. The thin cotton layer melts down, in a moment the collodion has set; it adheres firmly to the surface of the wound and to the skin; and your wound is covered. Layer after layer of thinly spread absorbent cotton is now added—each one overlapping its predecessor slightly, and taking firm hold of the skin. Two to six more layers, as may be deemed necessary to protect the wound, may be employed. The ether in the collodion causes some smarting; but otherwise the dressing is painless. When the last layer is applied, you have an absolutely perfect dressing. Your wound is hermetically sealed. The dressing is permanent and may be left for a week. But two other and greater advantages remain. Firstly, your dressing is self-retaining. This is a small thing surgically—but an important one from the patient's point of view. Ask him to weigh the comparative merits of a week or two with a bandaged and plastered cephalic extremity, perhaps with confinement to the house added thereto by the inability either to wear his hat with decorum or meet the enquiring gaze of his fellows; ask him to compare that with a light dressing confined to the wound, which will permit him to pursue his usual course in life without molestation. There will be no hesitation about his answer. And its value will be more apparent still when the dressing is used on the ears, chin, or parts difficult to bandage to the patient's contentment. Nor are we liable to be annoyed by the slipping or loosening or dirtying of bandages. Finally, the dressing is æsthetic. The collodionized cotton is semi-transparent, and is invisible at a short distance if only a few layers are used; if more are applied it forms a greyish white coating which is not conspicuous. The small uniform protuberance of almost skin color will often pass unnoticed. A further improvement, which would render the dressing almost invisible would be to use light pink cotton, if such is procurable—or to incorporate a small quantity of some red dye like cochineal with the collodion. If

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it is desirable at any time to remove the dressing, or to take out sutures, the edge of the collodion-cotton film is lifted all around with the dressing forceps, and perhaps with the aid of a little hot water, the entire mass comes off in one piece. As the wound heals fewer layers of cotton are required. I really believe that I have often received more appreciation from patients for this procedure than for anything else that I have done for them.—*Gottheil in Int. Jour. of Surgery.*

The Treatment of Burns.—Bardeleben treats burns after the following plan. The injured part is first thoroughly washed with carbolic acid solution from 2½ to 3 per cent, or with a solution of salicylic acid about 3 in 1,000. All the bullæ are then punctured and the serum allowed to escape, after which the whole part is thoroughly dusted with finely powdered nitrate of bismuth, and a thick layer of cotton wool applied. The latter is changed whenever it is impregnated with the discharges from the wound. If the burn is a very extensive one, the powdered bismuth may be set aside, and a bismuth ointment used instead. The author affirms that with this dressing cicatrization proceeds rapidly, and there is less discomfort than when any other dressing is employed. Despite the large quantities of bismuth that have been applied, no toxic symptoms have been noted in consequence of its use.—*The Medical Age.*

Treatment of Hæmorrhoids by Dilatation of the Sphincter Ani.—Dilatation of the sphincter may not in a surgical sense, be worthy of the name "operation." If such is the case, I advise the "family doctor" to appropriate it, for, with the multiplied and multiplying specialties devoted to diseases affecting all organs and tissues between the fields of the alienist and chiropodist, inclusive, there is a very limited territory in which he may practice. My confidence in the superiority of the treatment by dilatation was secured by the same nature of accident which convinced the French surgeons—that is, by observing the complete and permanent disappearance of a number of large internal pile tumors in the case of a gentleman who, in connection with his other trouble, developed an anal fissure, dilatation for the cure of which also cured his hæmorrhoids.

The dilatation of the sphincter is as follows: Hook the thumb of your left hand and the middle finger of your right so as to include both sphincters on opposite sides of the anus and gradually but forcibly separate your hands until all resistance ceases, the object being to paralyze the muscles completely. It is commonly advised to oppose the thumbs, but in a great many cases the resistance will be found so strong that it will be impossible to separate the thumbs a sufficient distance. I have in some cases found the sphincters from long contraction developed to such a degree as to give the impression of pulling on an iron ring. I have never known any bad results follow from the procedure. No after-treatment is necessary, except in cases where there is complaint of smarting, which may be relieved promptly by the application of a pledget of cotton saturated with a four per cent solution of cocaine. It is always advisable to perform dilatation under the influence of an anæsthetic, the A. C. E. mixture being the one I always use.—*New York Medical Journal.*

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GENERAL MEDICINE

The Relation of Asthma to Other Diseases.—At the meeting of the Medical Socicty of London, held November 10, 1890, Dr. S. West read a paper upon "The Relation of Asthma to Other Diseases," of which the following is a brief abstract (*Lancet*, November 28, 1890): The author intended his communication rather as a review of the subject, to serve as an introdudtion to discussion, than as a statement of his own views. He used the term "asthma" in the strictest sense of the word, and he gave a full definition of it, which was practically a short description of the disease. He then discussed its relation to various other lesions. He held that asthma stood in no relation to affections of the lungs, other than emphysema and chronic bronchitis. He pointed out that it usually disappeared in patients who became affected with phthisis, and related two cases in illustration of this. With regard to affections of the heart, dyspnœa is often seen in connection with them, and paroxysms were not rare, but these cases of paroxysmal hurry differed entirely from true asthmatic paroxyisms. True cardiac asthma was extremely rare and was most difficult to treat; it had no connection with angina pectoris. Referring to the relation of asthma to diseases of the stomach, he held that the cause of the asthma was not due to irritation of the gastric mucous membrane itself, but to the absorption and circulation in the blood of some product of an irritant nature. Cases of so-called "asthma verminosum" probably were similarly explicable. Dyspnœa was common in affections of the kidney, but true asthma was very rare. In uræmic conditions, respiratory disturbances were common. but they more nearly resembled those seen in diabetic dyspnœa. Illustrations of the occurrence of asthma in association with gout and lead poisoning were then given. The connection of asthma with certain affections of the nose was first established in 1872. and it seemed to be proved that reflex neuroses sometimes arose in connection with such lesions as polypus, cronic rhinitis, paroxysmal sneezing, etc. The subject has been approached in two ways,—a series of cases of asthma having been taken and the occurrence of nasal affection noted, and then a series of nasal affections in which asthma had been present. The result of analysis of these groups showed that there was some slight connection between the two, but that it was by no means constant. In some cases, however, the connection seemed exceptionally strong, instances being quoted where the growth of nasal polypi was associated with the onset of asthma, which latter disappeared upon the removal of the growths. He regarded hay asthma as a variety of the true affection, and he pointed out that the association of asthma with pharyngeal disease was very rare. Many affections of the neck and mediastinum were met with in which asthma occurred, but it was impossible to dissociate here the effects of pressure. A great deal has been written as to the association of asthma with diseases of the skin, but it appeared on the whole that this was only accidental, or both, perhaps, were the joint effects of a common cause. Urticaria was most frequent, then eczema, herpes, some of the exanthema, psoriasis, syphilis, drug eruptions, acne, etc. He thought that a sufficient number of cases of asthma in association with cerebral affections had been recorded to make it more than a coincidence. It had been observed, though rarely, to alternate with insanity and with hysteria. The exciting causes were very many; for like epilepsy, it ap-

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peared to depend on an unstable condition of the nerve-centres, and explosions could, therefore, be excited reflexly by a number of causes. He adopted the hypothesis that there was an asthma centre in the medulla, which could be acted on from above by emotion, various psychoses, epilepsy, and some cerebral lesions; in the centre itself by uræmia and dyspepsia; from below, by special senses, such as the olfactory and optic nerves, by the stimulation of the nerves of common sensation, as of the fifth in the face, and by cutaneous irritant rashes. It could be acted on also by the branches of the pneumogastric distributed to the neck, thorax, heart, lungs and stomach, and by the sympathetic through its branches from the intestines, kidney and uterus. It affected many sets of muscles other than those proper to the bronchi, and therefore could only be of central origin, In conclusion, he regarded asthma as a reflex neurosis, producing spasm of the bronchi and of the diaphragm, associated with bronchial vasomotor disturbance, and an unstable condition of the respiratory centre. It is so closely resembled epilepsy that Hughlings Jackson had defined it as a "respitory convulsion."—*Therapeutic Gazette.*

Bichloride of Mercury Tampon.—Lapthorn Smith, M. D., (Canada Practitioner) advocates the administration of bichloride of mercury per vaginam in cases of vaginitis, endometritis, salpingitis, ovaritis and pelvic peritonitis. Assuming these diseases to be due more or less to septic absorption and the more or less constant production of septic matter, this point is well taken. His method is as follows: Prepare seventy tampons of absorbent cotton, and by plunging them in a pint of distilled water (colored with aniline dye) in which seven grain bichloride tablet has been dissolved, each tampon will take up one tenth of a grain of bichloride. They may be used dry or soaked in glycerine, or a ten per cent boroglyceride. This quantity is sufficient to have a material effect on germs of putrefaction as well as on gonococci and destroys the unpleasant odor from discharges. They may be left in from four days to a week and are effective in keeping the uterus and ovaries in a healthy position, thus to a great extent doing away with pessaries and the pain and inflammation often resultant from their use.

Heart Lesions in Men and Women.—1. That organic valvular heart disease is more frequent in women than in men. 2. That mitral lesions are met with more frequently, especially mitral stenosis, in the female than in the male. 3. That aortic lesions are comparatively rare in the female, whereas in the male they are by far the most frequent organic cardiac affections. 4. That while, in the female, mitral stenosis is the most frequent form of organic heart disease, mitral incompetence and aortic lesions being much less frequent, in the male, aortic disease in the form of incompetence is by far the most frequent form of organic cardiac trouble, mitral lesions and aortic stenosis being much less frequent. One of the chief differences of organic valvular heart disease, therefore, in its relation to the two sexes, is the great predominance in the female of mitral stenosis, and in the male of aortic incompetence, over all other cardiac lesions. The morbid influences which disturb the female heart seems to concentrate themselves around the mitral valve, whereas in the sterner sex they attack the aortic orifice.—*Edinburg Medical Journal.*

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Cocainism.—1. It is the acutest and the most absolute destroyer of inhibition, and of the moral sense generally, that we yet know. 2. The morbid craving is very intense, and control is absent. 3. The dose requires to be increased faster than that of any other drug to get the same effect. 4. The delirium and hallucinations of all the senses of single doses become chronic in cocainism. 5. Its immediate effects are more transient than any such other drug, but this does not apply to the craving set up. 6. The treatment of cocainism consists in outside control of the patient, in stopping the drug at once, in careful watching—I should not trust a patient under treatment as regards suicide for the first week—nursing, the use of every sort of food that will keep up the strength, and of the bromide of ammonium, brandy or wine, tea and coffee, and possibly a hypnotic, like paraldehyd or sulphonal, for two or three nights at least. 7. A patient suffering from cocainism can be usually certified as insane so far as the presence of delusions are concerned, but he gets over these so soon, and yet is so far from the real cure, that certification and sending to an asylum is not a satisfactory process altogether. We need cocainism included in any special legislation for dipsomania.—*Journal Inebriety.*

The Treatment of Furuncles.—Dr. Veil (Monatshefte f. prakt. Dermatolog.) states that the object of treatment in furunculosis should be, 1st, to destroy the micrococci which have penetrated the skin by parasiticides; 2d, to hasten the detachment of the necrotic portions; 3d, to prevent the formation of new furuncles by infection through pyogenic cocci escaping from the suppurating furuncles; 4th, to prevent as far as possible the invasion of the body by pyogenic organisms. The first indication cannot readily be accomplished unless the antiseptic is injected directly into the purulent centers. The second is best fulfilled by the old method of poulticing. At night we may apply a paste consisting of zinc oxide, vaseline and four per cent of boracic acid. It is injurious to press out the contents at an early period. The third indication is fulfilled by rubbing in the paste three times daily, together with sublimate baths. The patient should be put on a nourishing diet; the administration of arsenic, however, is of no value.—*Wiener Medizenische Wochenschrift*, No. 45, 1890.

Microbes in the Stomach.—Dr. Kianovski details in the last two numbers of the *Vrach* some observations he has recently made upon the bacteria contained in the stomach before and during digestion, with the object of determining the effect of the gastric juice upon them. He found that the fasting stomach of a healthly person always contains a large number of microbes, and that in the earlier part of digestion the number of these bodies is also considerable, and that it depends mainly on the number introduced by the food, saliva, etc. Notwithstanding this, the gastric juice, or rather perhaps the free hydrochloric acid in it tends to exert a decidedly destructive influence upon the microbes. No effect appears to be produced upon the process of digestion by these bodies.—*The Lancet.*

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The Prevention of Diphtheria.—1. In the present state of our knowledge, the possibility of preventing diphtheritic sepsis cannot be denied. 2. As one of the means of securing this end, the daily inspection of school children is necessary. 3. The municipal control of diphtheria in large cities is inadequate, and methods of personal prophylaxis are more apt to prevent infection. 4. A daily prolonged toilet of the naso-pharynx by means of weak antiseptic solutions is a trustworthy method of prevention, in the absence of filthy carious teeth and enlarged and inflammed nostrils. 5. The naso-pharyngeal toilet is indicated for all those who are exposed to diphtheritic infection, and also as routine treatment in every case of chronic naso-pharyngeal catarrh, pertussis, scarlatina, and measles. 6. It is, in my opinion, the duty of the authorities and the medical practitioners, to act in accordance with the above views.—*Arch Pediatrics.*

Chloride of Sodium as an Antiseptic.—Fritsch, of Breslau, recommends chloride of sodium in solution, carefully sterilized and warmed, for the purpose of douching wounds after operations instead of the antiseptics ordinarily in use. This solution he has employed in such operations as removal of uterine fibromyomata, ovariotomy, and in one Cæsarean section, in all cases successfully. In his opinion cold antiseptic should never be used in surgery, but always douches of chloride of sodium, sterilized and warm, of 0.6 per cent strength. He believes that by this means patients complain of less discomfort after the operation, and are more quickly recovered.—*London Medical Press.*

MATERIA MEDICA

Some Notes Bearing on the Administration of Iron—Although iron is highly esteemed as a medicament, and is largely used for its tonic effect upon the system, so frequently does it occur that the patient objects, owing to some idiosyncrasy or fancy, that we cannot regard it wholly as an ideal hæmatinic. No apology, therefore, is required in offering to the profession a comparatively recent preparation, which is free from some of the objections that have been urged against many of the iron preparations now in use. In order to make the reasons which I have to offer clear and distinct to the casual reader, I have deemed it wise to consider briefly some points intimately connected with pharmacology of the drug. From this preliminary study we shall be in a measure prepared to estimate how nearly the new product comes to meeting the defects with which we have had to contend so long, and at the same time it may possibly lead to a more intelligent use of this well-known remedy. Besides the reduced iron, we have in general use the ferric and ferrous preparations, the latter being more mild, less astringent, and free from the objections to the ferric salts—that of coagulating albumin. Lethal doses of the ferric salts used intravenously, in experimental investigations, cause almost immediate paralysis of the central nervous system, fall of blood-pressure, and death. Although the perchloride, when thus used, causes instant death by coagulation of the blood, it does not act in this direct manner when introduced subcutaneously; the nerves are unaffected, but at the points of elimination inflammatory action is set up, *e. g.*, the kidneys, liver, and intestinal mucous membrane show more or less effect.

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Absorption takes place as a peptonate or albuminate, but it is taken up so slowly that no appreciable result follows, unless, as just stated, it may be used intravenously or subcutaneously. Absorption takes place more rapidly in catarrhal conditions of the intestinal tract—a fact to be borne in mind when exhibiting large doses, which cause gastro-intestinal catarrh. Small doses do not have this effect, nor does the metal appear in the urine from their administration, such as may be observed after the ingestion of large doses. It will be inferred from the foregoing that by the exhibition of small doses of a soluble preparation of iron it will be assimilated without causing derangement of the alimentary tract, and in this way the secondary effect, *i. e.*, the deposit of the metal in the system, may be avoided.

The fact should be kept constantly in view, that metals have a poisonous action upon the nerves, nerve-centres, muscles, and upon all glandular structures; and as iron is a reputed hæmatinic, much harm may result from its injudicious emyloyment, as there are evidently certain toxic effects forllowing the long-continued use of insoluble preparations. This is a rule which applies especially to all insoluble iron preparations, and it is but reasonable to assume that, whatever harm has been done through this means, may have escaped attention, because few physicians are likely to investigate the presence of fictitious diseases. Another factor which has contributed to lessen these evils, is the slow process of absorption.

The foregoing observations apply with equal force to the effects of the drug upon the circulatory apparatus. While copper is an active agent in causing contraction of the blood-vessels, iron produces slow contractions, showing that it is less irritant (stimulant) to the nervous system. This may possibly be accounted for on the hypothesis that iron is a normal constituent of the blood. Whether this effect is due to irritation (stimulation) of the vasor-motor nerves, central or peripheral, or to a direct action upon the muscular walls of the blood-vessels, is a question still in doubt. My own impression is, that threugh the influence of the medicament upon the nerve cells the large doses, comparatively, arrest their function, when contraction of the muscular structures in the vessels take place. The ferric salts, owing to their property of coagulating albumin and blood, of course produce more marked effects than the ferrous salts. Digitalis and ergot among the organic, and barium chloride among the inorganic remedies, well-known as vascular tonics, furnish apt illustrations of this important principle.

Iron has a tendency to accumulate in the liver; small doses do not show this tendency, but they may serve to increase the functional activity of this organ, when given in a soluble, non-astringent form, by restoring cell-nutritition to the normal.

The effect of iron upon muscular structure has long been known to experimental physiologists, but I doubt if this knowledge is apprcciated by many practitioners, who regard the possible benefits to be derived from the exhibition of iron preparations in proportion to the amount tolerated by the patient. Now, large doses, while they do not affect the irritability of muscular structure, lessen materially the amount of work it is capable of performing, while small doses increase the capacity of muscle for work. What is most to be desired, therefore, is a preparation not open to the objections inferred from these investigations; but owing to the necessity for consulting the palate of our patients, it is also desirable that the substance should be free from the nauseating effects which are so common to all prep-

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arations of iron. The combination I believe is to be found in that form known as levulose ferride, which was highly recommended to me several years ago by my friend, Dr. James Collins, of this city.

The preparation known as levulose ferride is one which takes the place of a well-known and popular German product, called *Eisenzucker* (iron sugar), very extensively used in domestic practice. I was led to the employment of iron-sugar on account of its palatability, fastidious patients and children making no objections to it; but this has been supplanted by levulose ferride, which in the form of tablet triturates will be taken as readily as chocolate bon-bons. It is readily soluble in an excess of water, and practically free from any ferruginous taste or styptic effect when dissolved in the mouth, and is substantially a peptonate. The method of preparing it is briefly as follows: To a certain amount of iron (freshly precipitated peroxide) a measured quantity of malt sugar (maltose) is added, and the mixture constantly stirred while exposed on a water-bath. While it possesses all the desirable qualities mentioned, the presence of metallic iron may be determined by chemical analysis, the strength of the product being about three per cent.

This preparation, it will be apparent, will act much less actively as an astringent than even the ferrous preparations; but, of course, it cannot be expected to take the place of the ferric products, which are sometimes demanded, as in the case of intestinal parasites (sarcina ventriculi and lumbricoides). On the other hand, it will be especially indicated for the relief of anæmia and chlorosis, owing to its ready absorption, lack of astringency, and its palatability. In all cases of defective nutritition, from any cause, where the ingestion of any form of medicament is a trial to the patient, this product will be kindly received. A synopsis of some of the cases in which it is indicated, together with a summary of the effects following its employment, may prove interesting to the physician.

During the early summer months, I had under observation a young mother with a six months' old child, who presented a very anæmic condition. I had seen her but once since the delivery of her child, and anticipating that she would not be able to nourish it sufficiently and maintain her health, I had cautioned her in regard to the most appropriate diet. Notwithstanding every care had been used, she was finally compelled to seek medical aid, or go to bed. All this patient required was something for the purpose of increasing the amount of hæmoglobin, which would restore the integrity of the red corpuscles and improve the oxygen-carrying capacity of the blood. This being most readily accomplished by levulose ferride, she was ordered to take tablets of this preparation, each containing three grains, after meals. To meet the emergency, and increase the patient's strength until such time as the advantages of the iron would be apparent, small doses of strychnine (one-sixtieth grain) were administered along with the iron. Ordinarily, this class of patients, when they begin in the early summer, suffer more or less from the effects of the heat and become regular patrons of the doctor ; but this patient did not make her appearance again for about two months, when she did she thought it was about time to have a little more of the same medicine. I may mention in passing that the first medicine was sufficient only to cover the first ten days, and the patient seemed greatly disappointed that she was compelled to return.

So many children are so promptly benefited by the use of a small quantity of

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iron, that it is a great drawback to us that no palatable preparation has been discovered and put on the market. I have in mind a little fellow who has long been very much averse to eating meat, due, I presume, to defective digestion; but for the past few weeks, since he has been taking the levulose ferride, he seems quite content to eat meat alone, and is becoming strong and robust. Not long ago I had a visit from a lady, who brought with her a young lad, aged fourteen, who had a most forbidden cadaveric expression, and he could eat no meat. His brother, I was told, had died at about this age from Bright's disease, and this one presented all the symptoms peculiar to the brother who died. Still with attention to diet, outdoor exercise in the country, and a tablet triturate containing containing three grains of levulose ferride after meals, he made a prompt recovery. Although I was unable to find any symptoms of Bright's in this instance, I was impressed with the depression due to the anæmic condition; yet, without some ready assimilable iron preparation it would have been a tedious process to start him on the way toward recovery.

Late in the spring of the year, a gentleman, aged about thirty-five, called on me, complaining of dyspepsia, although he had been under the treatment of another physician for overwork for the preceding four years. After regulating his diet, and adopting treatment calculated to restore the activity of the digestive apparatus he was placed upon levulose ferride along with strychnine and sulphate—three grains of the former in tablet form, and one-sixtieth grain of the latter, and did remarkably well under this combination. This product, like all other mild preparations of iron, is mostly indicated in cases of this class, along with these may be mentione chorea, convalescence from lingering diseases, like typhoid fever; and in all such instances, I venture to anticipate that the results will be especially favorable where proper attention is given to dietetic measures.

The administration of the remedy may be confined to the use of the powder, which is taken dry on the tongue, dissolved in water or coffee; or it will be found more convenient in the form of tablets, ach containing three or five grains. It is supplied by the Eisner & Mendelson Co., New York. The dose for children ranges from three to ten grains, and for adults from five to thirty grains.—*John Aulde, M. D., in Medical Record.*

Excelsior Springs—In the treatment of amenorrhœa, chlorosis and dysmenorrhœa there are no remedies as efficient as iron and manganese. A standard medical authority says: "Iron is of much importance when the trouble comes from anæmia, the most frequent cause. Small doses are to be preferred * * * Manganese is the best of all remedies for bringing back the menses, having specific action on the uterine tissue. It is also a well known fact that these agents are often not well borne by the stomach, and frequently, as usually given, do more harm than good. But nature has provided a means of overcoming this difficulty in these ferro-manganese waters of Excelsior Springs, Mo. It is a tonic, which in upbuilding the worn and debilitated system, in all female troubles arising from chlorosis or anæmic condition, in cases of alcoholism, dyspepsia and liver troubles, are among the best waters in the world. They are also actively diuretic and nearly specific for all kidney and bladder troubles, such as Bright's disease, diabetes, inflammation of the

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bladder; also rheumatism, gout and dropsy. Following is the analysis of "Regent" Spring. Temperature of Spring 58.1° F.

		GR. PER U. S. GAL.
Alumina	$(Al_2 O_3)$	0.1224
Silica	$(Si O_2)$	0.6998
Potasium Sulphate	$(K_2 SO_4)$	0.2834
Potasium Chloride	$(K Cl)$	0. 633
Sodium Chloride	$(Na Cl)$	1.0264
Sodium Bicarbonate	$(Na H CO_3)$	0.5452
Iron Bicarbonate	$Fe(H CO_3)$	4.1937
Manganese Bicarbonate	$Mn (H CO_3)_2$	0.8445
Magnesium Bicarbonate	$Mg (H CO_3)_2$	5.5445
Calcium Bicarbonate	$Ca (H CO_3)_2$	34.2406

These waters are bottled direct from the springs, practically without being allowed to come in contact with the air before being corked, thus retaining as nearly as possible, their original properties.

Having performed a portion of the analytical work at the Springs, I had abundant opportunity of noting the excellent surroundings of the waters, and having from long experience great faith in the value of salts of iron associated with manganese for building up the worn and enfeebled system, for correcting functional disorders of the uterus and all those other ailments so common to anæmic condition, I feel fully justified in giving this water my unqualified endorsement. (Signed) W. P. Mason, M. D., Professor of Analytical Chemistry, Rensselaer Polytechnic Institute, Troy, N. Y.

Dialysed Pepsine. Most of the pepsine used hitherto in pharmacy consisted of a white or yellowish powder composed of sugar of milk or starch mixed with pepsine. The extractive pepsines are inconveniently hygrometric and are not of much practical value, besides they all contain peptones formed (*post mortem*) by the contact of the gastric juice with the mucous membranes of the stomach. In a communication to the Academy of Science (Paris), M. Chapoteaut showed that by his process of extraction, he obtained a pepsine which, by subsequent dialysis, was neutral and free from peptone and all impurities. The activity of this peptone is such that one part will *digest* more than 150 times as much meat, besides which it will *dissolve* some thousand or more times as much fibrine, which many manufacturers attempt to confound in the mind of the physician with digestion in speaking of the strength of their pepsine. To test Chapoteau's Dialysed Pepsine:

Place in a flask {
- Dialysed Pepsine.....10 centigrammes.
- Distilled Water.....90 grammes.
- Acid Chlorhydric.....90 centigrammes.
- The fibrine of pig's blood.....15 centigrammes.

These should be kept at a temperature of 50° Cent. for six hours, and at the expiration of that time the digestion should be complete; this is known by the complete solution of the fibrine. 10 cc. of this liquid when cooled and filtered should give no precipitate with 20 or 30 drops of nitric acid. To preserve this dialysed pepsine in its perfect activity and for rendering its administration convenient it is dispensed in small dehesive pearls containing 20 centigrammes (4 grains) each. Dose.—Two pearls after meals are sufficient to assure perfect digestion.

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THE MEDICAL HERALD.

A MONTHLY JOURNAL OF THE MEDICAL SCIENCES.

DANIEL MORTON, M. D., Editor.

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EDITORIAL

Shall the A. M. A. Journal go to Washington.

This is a question which the Association will be called upon to answer at its next meeting. The Board of Trustees, at a recent session in Washington, adopted a resolution favoring the change, but not a single "Whereas" precedes the "Resolution." What are the reasons for wanting the change made? Surely they exist in the minds of the trustees, and as officers of the Association having at heart the best interest of this organization, those reasons should be made public. Can the journal be published cheaper in Washington? That can hardly be, for Chicago is a great publishing center. Are the mailing facilities at Washington better? Mr. Wanamaker would hardly admit that they are. Can it be better edited at Washington? That's a "sure enough" question. The Association will be very certain to know something about a prospective editor before it votes upon this matter. In the far Eastern country the Islam prophet of old failed in an attempt to make the mountains skip at his command as kids at play, but perhaps "a greater than he is here." It does look as though the mountain were seriously contemplating a journey in a Pullman palace car to a Mahomet who has bid it come. In all soberness Messrs. Trustees let the Association know why your assembled wisdom deems it best to transfer The Journal to Washington. Let it stay where it now is unless certainly shown that the interests of both Association and Journal will be conserved by its removal.

Medical Charities.

Dispensaries, doubtless, are needed in large and overcrowded cities. They are not a necessity in other places. They may be needed in the East but certainly the demand in the smaller cities and towns of the glorious West does not exist. The State is abundantly able to care for all the poor who are unable to care for them-

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selves. City physicians and county physicians are paid a salary to look after these cases, and they are not so numerous that these public officers cannot care for them. There is doubtless a greater need for hospitals where extraordinary cases may be treated than for dispensaries. May it be a long time before dispensaries are organized in St. Joseph and may the physicians have sufficient foresight to see the evil that will certainly follow their introduction. The following clipping from the *Medical Mirror* bears directly upon the condition of affairs where these institutions exist:

"Of late it has been considered quite *apropos* among medical men to consider what might be called the enormity of the abuse of medical charity. Doctors who, some years ago, pooh-poohed the idea of any danger to the body politic of medicine look now with no little alarm at the almost wonderful increase of hospitals, dispensaries, etc. While this as an evil is not so evident in the west, the profession of the larger eastern cities, such as New York, Philadelphia, Boston and Baltimore groan under the burden of misguided philanthropy or of the improper actions of those under whose charge such public institutions are. A very happy paper, illustrative of the many phases of this question, appears in the *Medical News*, emanating from the pen of Dr. George M. Gould. Now that Dr. Gould's opinions upon this subject have been given, one is inclined to ask after the manner of Lord Lytton: "What will he do with it?" What can be done to relieve the evil suggested? Very little, we fear. Make all men honest; make all men unselfish; make all men good; do all this and the remedy will at once declare itself. But as long as some men are dishonest, selfish and evil, just so long will all efforts to change the existing order of things be futile and useless. Doctors are mortal. Despite the long-winded statement of commencement day orators, our profession is made up of men of all ilks and kinds. The Hippocratean dynasty may have degenerated from that sternly good and honest crowd of gentlemen who constituted, in early days, the medical profession. Leastwise one must expect to find among its ranks men who are as sordid and beneath the pale of moral and divine law as members of any other class. Therefore such men will use whatever positions they occupy in a manner, dishonest or selfish, as their inclination directs them. It is useless to advocate the dimunition of the charitable institutions. *Per contra*, with the tremendous increase in centralization and poverty, these too will increase. It is just as useless to expend time in palaver upon the actions of some of the medical men who are in charge of the various institutions. Let them go on in the even tenor of their way—the supply will regulate the demand—and sooner or later the upright and conscientious doctor will reap his reward and the unwisely erring one feel the pain of his folly. Meanwhile, let the coming doctor be told of the untoward results of the medical charities and perhaps —a faint perhaps— the light of just and merciful charity will brighten with his coming and the darkness of imposing and feigning mendicants and of selfish practitioners disappear in his wake."

Missouri Valley Medical Association.

The Missouri Valley Medical Association meets at Omaha, February 19th, 1891. This is the home of the organization and no doubt the meeting will be well attended. THE MEDICAL HERALD is still of the opinion that three meetings a year are too many for the best interests of the society. The territory covered is too great for all the members to attend triennially. As a result, it is only at the annual meeting that any thing like a full attendance is secured. Two meetings a year would be much better and would bring out a better class of papers. It is to be hoped that at the next meeting a change will be proposed looking toward biennial sessions.

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Report of Illinois State Board of Health.

For the first time in its history the Report on Medical Education, issued by the Illinois State Board of Health, embraces the medical institutions of the whole world. This is a feature that will be an assistance to medical boards that have to determine the value and validity of a medical diploma. As regards medical education in the United States, the Report shows the marked changes for the better that have taken place in the last ten years, and it is seen that more progress will be made within the next two years. Most of the changes for the better that have been made in this century have occurred since 1881, when the first number of this Report was published, and since 1882–3, when the schedule of minimum requirements of the Illinois State Board of Health went into effect. In 1888 only 45 colleges in the United States and Canada required educational qualifications for matriculation: now the number is 129. Of the 148 medical colleges 123 now teach hygiene and 119 teach medical jurisprudence. In 1882 these branches were taught in 52 and 61 colleges, respectively. In 1862–83 the average length of the lecture terms was 23.5 weeks: the average is now 26.3 weeks. There are now 111 colleges that have lecture terms of six months or more, while in 1882–83 the number was 42. A table shows the results of the examinations before the State Boards of Medical Examiners of Alabama, Minnesota, New Jersey, North Carolina, South Carolina and Virginia since the dates of their organization. Another table shows the results of the Prussian State Examinations in 1890. Special attention is called to the fact that in some of the largest universities of this country courses preliminary to the study of medicine are now offered—the University of Pennsylvania, Cornell, Yale, Princeton, Lake Forest and Northwestern Universities, Johns Hopkins and the University of Wisconsin, while Harvard has made arrangements by which those intending to study medicine can take a special A. B. course in three years. The course offered by the University of Wisconsin is fully outlined, as is the one that was proposed by the Medical Department of the University of Michigan, but was rejected by the joint faculties. The report shows a marked increase in requirements as to preliminary education during the year 1890. It shows also that the movement for four years' study and three courses of lectures is an assured success, and a list is given of the colleges that have adopted, or will soon adopt, the requirements of longer terms of study.

It is suggested in the Report that, with four years' study and three courses of lectures assured, the boards of medical examiners and the colleges should co-operate in establishing a system of registration of medical students before they enter college, in order that the requirement of one year of study outside a college may not be mere form.

Sanitary Legislation in Missouri.

There is now pending before the legislature of this state a bill which provides for the organization of County, City and Village Boards of Health throughout the state. The State Board has been crippled and hampered in its work heretofore by the non-existence of means for applying sanitary laws to the home of every citizen. It could hardly be expected that the State Board can keep its eye upon every town and village in this great state. It must have allies to do this. With a thoroughly

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organized system of county, city and village sanitary boards, all tributary to the State Board, Missouri will at once step to the front in matters pertaining to public health. No opposition to the bill has been offered, and it will doubtless soon be upon the statute books.

Obituary—Heddens.

Mr. Thos. Heddens, son of Dr. W. I. Heddens, and brother of Dr. Jas. W. Heddens, died in this city January 21st, at the age of twenty-five years. He was a young gentleman of the highest religious, social and business standing, and was destined to take a prominent position in life had not death claimed him for a prize. The family have the sincerest sympathy, not only of THE MEDICAL HERALD, he having been the schoolmate and companion of our business manager, but also of all who knew Mr. Heddens. The beautiful example set forth in his short life will ever be held in loving remembrance by his many friends.

How Did it Strike You?

It is always a source of pleasure to the MEDICAL HERALD to receive words of commendation from either readers or patrons of our advertising pages, although we very seldom publish such encomiums in our columns. The following, however, coming unsolicited from one of the leading houses of the country, is certainly deserving of prominence, and will bear repeating. We are proud of it, considering that Messrs. Bush & Co. are the most conservative and conscientious, but withal, liberal advertisers in the professional line. This is the way they express themselves:

NEW YORK, JANUARY 30, 1891.

The Medical Herald Co., St. Joseph, Mo:

GENTLEMEN—Your journal for January came to hand clothed in a most brilliant cover, and sparkling with good things as usual. We are always glad to get THE HERALD; it is so crisp and breezy in its comments. We esteem your journal a very valuable medium for our advertising. Enclosed we hand you a change of copy for our page. Wishing you great prosperity and the permanent success you deserve, we remain, Very truly yours, THE J. P. BUSH CO.,

Per Henry T. Champney.

DR. KOCH AS A COUNTRY DOCTOR.—The *News Review*, December, contains a sketch of Dr. Koch while he was a country practitioner in Posen. "To eke out a respectable living he pursued the career of a family physician. On many a Polish winter night, jolting in a Polish rural car along a Polish country road, the indefatigable man would drive about to look after a coughing child or an expiring boor, having previously torn himself away from his books to render what assistance he could and earn what little fee he might. A serious, unostentatious and dutiful man throughout, he, in this and in every other part of his career, commanded the respect of his fellow-citizens, without, however, eliciting any very ardent feelings in his behalf. He never spoke much, though his actions might always be relied on. He never displayed a tendency nor indeed a wish to shine, though he certainly was a proficient in the rare art of doing good. Night and day, in sick room and in hospital, he had little time to devote to the society of his equals, and in that half Sclavonic province was certainly more popular as a doctor than as a visitor or a host."

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Herald Melange.

THE professor of a swimming-school is very properly a doctor of dive-in-ity.

A CURE FOR OBESITY.—Purchase a bicycle and when you begin to ride it you will "fall off."

THE average age at death of the Jews is said to be forty-nine years, while that of the Christian is but thirty-seven.

STERN has collected one hundred and seventeen cases of diabetes in children, and he believes the disease is not rare in early life.

C. S. HITCHCOCK, of Horlick's Malted Milk, has been calling the attention of the St. Joseph physicians to the uses of this really useful article of diet and therapeutic aid.

PROFESSOR BARTHOLOW'S SUCCESSOR.—The Trustees of Jefferson Medical College have elected Dr. A. P. Brubaker as the successor to Prof. Bartholow, in the Chair of Materia Medica and General Therapeutics.

IT IS said to be possible to restore one who is helplessly intoxicated to the almost complete use of his faculties in a very short time, by administering to him a half teaspoonful of ammonium chloride in a tumbler of water.

DOCTORS who are not subscribers, receiving this number of the HERALD, will consider it an invitation to subscribe. Do not hesitate to take the journal from the post-office, and read it, if addressed to you, as another copy will not be sent unless a remittance is received.

WHEN the stomach rebels against cod-liver oil it is recommended by some practitioners to make use of inunctions instead. The chest and abdomen are the sites usually chosen, and notwithstanding the objections to the "greasiness" of the method the results are quite satisfactory.

A SIMPLE MEANS OF JUGULATING CEPHALALGIA AND FACIAL NEURALGIA.—Naegeli reports that he has repeatedly cut short different forms of cephalalgia and odontalgia by raising the hyoid bone, or, which amounts to the same thing the larynx, and keeping it raised for sixty or seventy seconds. Several *seances* are sometimes necessary, often but one, to obtain complete control over the various neuroses of the cranial nerves, and the cephalalgia resulting from excessive drinking. For the explanation of this phenomenon the author refers the reader to the anatomist or the physiologist.

THE TEN COMMANDMENTS OF ABDOMINAL SURGERY.—1. The arrest of hæmorrhage. 2. The avoidance of mechanical irritation. 3. The guarding against infection. 4. The proper apposition of the edges of the wound. 5. The provision of necessary drainage. 6. To apply gentle pressure to prevent exudation. 7. To give perfect physiological rest. 8. To secure the best possible position of the parts to promote comfort and healing. 9. To provide for hygenic surroundings. 10. To attend to the patient's general health.—*Dr. Griffiths.*

A READY INHALER.—In the *British Medical Journal*, November 22, 1890, Mr. Arthur H. Rideal gives the following description of a ready method of arranging what he says is a most effective inhaler. Take an ordinary funnel, and in it loosly pack some cotton-wool. On this sprinkle the medication (ol. eucalypti, etc.), and then tie a piece of gauze or muslin over the funnel to keep the wool in position. Invert the funnel over some hot water contained in a breakfast cup, or other vessel, according to the size of the funnel, and an inhaler is obtained which is equal, as regards its utility, to the most elaborate.

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If your daughter is in poor health let her use the mop about the house. Nothing like home-mop-athy for a weak young woman.

The editor of this jour. al has used in private and hospital practice with gratifying results "Bovinine," manufactured by Bush. It is often retained by the stomach when all other foods are rejected.

Apples in Lithiasis and Gout.—Dr. John Hunter was an enthusiastic advocate for the apple cure for gout. Instead of wine and rare roast beef, he enjoined upon his gouty patients the importance of the free use of apples.

Dr. James A. Lydston, late chief of eye and ear department pension bureau, Washington, D. C.. and professor of chemistry in the Chicago College of Physicians and Surgeons, has removed to Denver, Col., where he will re-enter the practice of his specialty. His change of location has been necessitated by the illness of his wife.

A somebody, he is a medical student, therefore we can't call him "doctor," has been practicing medicine in St. Joseph, Mo., who bases his claims for patronage not upon professional ability, but upon philanthropic attributes. His cards bear this legend, "Private Diseases a Specialty. The doctor is a Humanitarian. Do not stay away because you are poor."

An Early Symptom of Locomotor Ataxia.—Dr. Heinrich Weiss describes the case of a book-keeper, whose first symptom was an uncertainty in stepping backward, in whom characteristic manifestations of locomotor ataxia subsequently developed. The importance of this initial symptom was pointed out by Althaus in 1884, in reporting the case of a painter, who noticed it himself as he backed away from his easel.—*Wiener Medicinische Presse.*

Dr. Benjamin Lee, secretary of the State Board of Health of Pennsylvania, has accepted the position of secretary of the Section on State Medicine of the American Medical Association. As the meeting takes place in Washington, May 5th, it is important that all papers intended for this section should be in his hands by the 5th of April. All members of the association desiring to be enrolled in the Section are requested to forward him their names at 1532 Pine street, Philadelphia.

It is said of Horace Greeley, the brilliant American journalist, that his handwriting was so bad that upon one occasion a note of his, in which he refused an invitation to dinner, was mistaken for a prescription and submitted to a chemist to be dispensed. The chemist looked and was puzzled, but was not to be outdone. Making up an innocuous mixture, he handed it to the customer. "For cough?" was the laconic question. "Yes." "And a very good cough mixture, too!"

Prof. Keen selects the following points for the passage of the needle in the operation of paracentesis. In paracentesis thoracis the place of election is between the eighth and ninth ribs in the line of the axilla. In paracentesis abdominis the needle should enter in the middle line, the patient being in a sitting posture and the bladder having been previously emptied. In paracentesis pericardii the patient should be in the recumbent posture and the needle should enter at the fifth interspace in front, due regard being had for the heart and large vessels.

An Unusual Case of Tongue Bite.—A singular case of tongue bite has been reported by Mr. M. D. Makuna. An old man was lying in bed, when his son-in-law coming home drunk, made an assault upon him. In the struggle he took hold of the old man's throat to throttle him, thereby making the tongue protrude to its furtherest extent. Immediately the assailant stooped over and bit it, causing a lacerated, dentated wound, resembling in shape the arch of the jaw. The hemorrhage was not profuse and the wound has healed up, leaving a jagged cicatrix.—*Medical Journal.*

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QUAKER CITY JOURNALISM.—Our esteemed contemporaries of Philadelphia are getting somewhat noted for their eccentricities in journalism. Some time ago one excellent journal started out with the announcement that it would hereafter publish no "Reports of Societies," on the ground that such reports were not interesting or useful matter. Another contemporary has recently announced that hereafter it will not publish regularly any editorials. We are told that the editorial space "is often an excuse for foisting upon a subscriber much useless material, and for this reason the pages usually so employed in the past in the *News* will be taken up with notes on current literature." It only remains now for some enterprising Philadelphia medical journal to abolish its original department, and shut down upon its correspondence; we shall then see what constitutes an interesting medical journal from the Quaker City standpoint.—*Med. Record.*

A SOCIETY known as the United States Medical Practitioners' Alliance has recently been formed. The object of the association is to maintain organized co-operation amongst practicing physicians, who are legally qualified to practice in their respective States. and in good standing in the profession; for the purpose of protecting medical practitioners from the abuse of dispensaries that treat many who are well able to pay; from the unjust competition caused by short term, quick graduating and inferior medical colleges. To endeavor to promote the passage of just and equitable laws regulating the practice of medicine in all the States, so that the license to practice issued by any one State be valid in any other State; and to devise means to enhance our financial condition (and thereby our usefulness) in every honorable way, and to derive the incalculable benefits that only can be obtained by combination and unity of action. Those desirous of joining address Dr. J. H. DeWolf, 1600 Franklin Street, Baltmore, Md. Please enclose stamp.

DIPHTHERIA AND CATS.—The Marine-Hospital Bureau publishes the news that diphtheria is reported as having become widely prevalent over the State of Iowa, and in several localities epidemic. Two instances have been reported where the disease could be traced to no other source than to cats. The family was so situated that infection was deemed impossible by exposure from other persons. A distant neighbor's cat and the family cat were sick about the premises with all the symptoms of diphtheria, and finally died. Soon after, the children had the disease. In another case three dead cats were found under the floor. The premises were isolated. It was remembered that prior to the disappearance of the cats they were sick several days. They were removd, and the disease subsided. The sanitary surroundings and water supply of the premises were unusually good, thus fixing the cats as undoubtedly the source of the disease. The cat will be found a source of this disease to a much greater extent than has been hitherto supposed. The record of investigation shows that not only cats, but chickens, are peculiarly susceptible of this disease.—*Boston M. & S. Jour.*

CO-OPERATION AND THE HOME.—Our homes are half a century behind what co-aperation aided by science might have made them. We have got so far as to send spinning and weaving to the factory, and to secure water and light from a common center of supply. But we still carry on in the old fashion the preparation of food and the generation of heat. We still keep in each house servants to attend to matters which would be better disposed of by employing the agents of a company to attend to each department of household work. The house of the future will be warmed as well as watered and lighted by contract. It will be supplied with motive power from some central reservoir of force, to work elevators and sewing machines, to cool its heated air in summer by fanning, and to draw off dust and effluvia to a distance by exhaustion. Its inmates will be fed from a co-operative kitchens. A piece of coal never will enter its walls, except as an addition to the collection of minerals. The work of its mistress will be simplified by the elimination of a score of industries for which women have no proper vocation—such as cookery—and which act as serious obstructions to her proper work.—*Chautauquan.*

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THE NEW ERA IN MEDICAL TEACHING.—The Ohio Medical University is a new institution recently incorporated in Ohio, to be located at Columbus. The new university will consist in a department of medicine and surgery, a department each of dentistry, pharmacy, midwifery, and a training-school for nurses; and will be supplemented by a large new hospital, the gift of a number of the wealthy philanthropic Protestants of that city, which, it is said, will cost about two hundred thousand dollars when completed. One of the prominent features of the new university will be the abandoning of the system of instruction by lectures, and adopting, instead, the plan of class teaching, similar to the methods now employed in the literary colleges. A graded course of three years of nine months each is to be adopted, which will include daily examinations and grading of the students, thus doing away with the necessity of a final examination.

IDENTIFICATION BY MEANS OF THE EXTERNAL EAR. Boulland proposes a modification or extension of the well known anthropometric method of Bertillon for the identification of criminals. He states that all parts of the human body except the external ear are subject to change in growth and appearance; the ear reaches its full growth early and is thenceforward constant in its size and shape. He has made a great number of measurements of the different parts of the pinna, the lobule, the helix, the tragus, the antihelix and the antitragus, and he finds it extremely rare to discover any two individuals with measurements of these parts identical; indeed, the two ears in the same person are not always symmetrical. Recalling, furthermore, the fact that the external ear is the organ by which the parental likeness is frequently transmitted, we may see another direction in which careful observation of the dimensions of the various constituent elements of the external ear may be of medico-legal service.—*Boston M. & S. Jour.*

RUSH MEDICAL COLLEGE AND DR. NICHOLAS SENN.—At a recent meeting of the faculty of the Rush Medical College of Chicago, Dr. Nicholas Senn resigned the chair of Principal of Surgery and Surgical Pathology, filled by him for the last three years. It was understood, when he accepted the chair, that suitable arrangements would be made to enable him to demonstrate his lectures with clinical material, which, however, failed to materialize, even after three years' service. A few weeks since, Dr. Senn notified the faculty of his intention of resigning unless such arrangements were effected; but no attention being paid thereto, the severance of his connection with the school followed. Dr. Chas. T. Parkes, it is said, objected to permitting any other person to do surgical operations in the clinic room of Rush College; and as he owns much of the stock in the corporation, and Dr Senn none, he was able to carry his point with the faculty. It is said that the students almost unanimously desired that Dr. Senn's request be granted—*Am. Lancet.*

THE TIME OF DAY FOR OPERATIONS.—There is considerable difference of opinion amongst surgeons, as to whether it is best to operate early in the morning or in the afternoon. Many prefer the morning. They say the patient is saved the suspense of being kept waiting till the afternoon, and the surgeon has the better chance of a good supply of sunlight or of its equivalent in this country. Both these reasons have considerable force. Other surgeons maintain that early operating implies a sleepless previous night. The shades of evening, a greater promotor of sleep than blinds and screens, come on sooner when the operation is performed in the afternoon. This physical fact also implies greater chances of rest in another respect, for there is less fear of subsequent disturbance from noises inside or outside the house when the surgeon operates late. Long operations may seriously tax the surgeon's strength and nerve, and in this respect again the afternoon is better for operating than the morning. In private practice and wherever freedom from noise and plenty of warmth can be assured, the morning is probably the best time, especially in summer. As far as light—a most important factor—is concerned, the time of day makes little difference at this time of the year in London, though the danger of a sudden darkening of the atmosphere is, perhaps, greatest in the afternoon.—*British Medical Journal.*

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THE MARION SIMS COLLEGE OF MEDICINE, of St. Louis, Mo., will open its spring session on Monday, March 16, 1891, and will close on Saturday, May 15th. The course will include clinics, lectures and demonstrations, and will embrace subjects not generally taught during winter sessions. A special and private course for practitioners will be given. Fees $10.00 for students, to be deducted from the winter fees. To alumni, free. For further particulars, address Young H. Bond, M. D., Dean, Page and Grand Avenue.

A LOCAL ANÆSTHETIC FORMULA.—Local anæsthesia is produced at one of the leading hospitals by means of a spray composed of ten parts of chloroform, fifteen parts of ether and one part of menthol. After one minute's application of this compound spray, complete anæsthesia of the skin and neighboring tissues is produced and will persist from two six minutes. This suffices for some minor operations, such as opening an abcess of the cervical glands, incising a deep-seated whitlow, or excising an epithelioma of the nose, etc.—*Medical Age.*

DR. ENNO SANDER'S GARROD SPA AND EFFERVESCENT LITHIA WATER.—Dr. Enno Sanders, the veteran chemist and manufacturer of aerated, carbonated and still mineral waters, has recently issued a little brochure which every physician should carefully read and digest. It is, namely, a resume of the opinions of distinguished physicians as to the therapeutic properties of salts of lithium and of lithia waters, and comparison, made by competent observors, of the relative value of "natural" and artificial lithia waters. In rheumatism, gout and certain kidney troubles, the value of lithia has been recognized for upwards of forty-five years, splendid results having followed the use of even the old and uncertain methods of exhibition of the agent.

WAGING WAR ON COFFEE.—Dr. Mendel, of Berlin, says that the inebriety of coffee, if not as dangerous to others may be as harmful to its subjects as alcoholism; and there is little dispute of the fact that in the high nerve tension American make up, tea and coffee become so harmfully and habitually necessary, as to render their frequent use dangerous, as tending to drive the physical machinery faster than it was intended to run, thus causing incalculable wear and tear. Of late there has grown up a far more rational, because healthful custom, that of cocoa drinking. This custom has been largely brought about by the introduction into this country of that incomparable product of the cocoa bean, Van Houten's Cocoa. This cocoa is almost absolutely nutritious and strengthening to the nervous system. Gently stimulating, it aids digestion and all the flesh forming functions, and is peculiarly adapted for the nervous and dyspeptic. Van Houten's Cocoa has a world wide reputation as being superior to anything of the kind manufactured.

MOLLIN, A NEW OINTMENT-BASE.—Dr. Julius Kuhn writes to the *Berliner kliuische Wochenschrift*, No. 36, 1890, regarding the objectionable features of some of the ordinary excipients for ointments. Almost all animal fat, he says, becomes rancid; lanolin is too tenacious for inunction purposes, will not dissolve chrysarobin, and will not subdivide mercury fine enough; vaseline is better in some respects, being more permanent, but it takes up some substances with difficulty, and in hot weather is soon too fluid on the skin; moreover, some specimens of it contain so much of impurities as to be irritating to the surface treated. In 1885 Unna pronounced it as his opinion that the best ointment-base was soap, but it has not always been easy to find a pasty soap that would remain unaltered at ordinary temperatures, have penetrating qualities, and mix well with the curative ingredients proposed to be used. A soap has been made by the druggist Carez, called mollin, which is said by Kuhn to meet all these requirements. Mollin appears to be a superfatted soap, holding 17 per cent of fat in excess. It contains a little cocoa-nut oil and about 30 per cent of glycerin, besides kidney-fat, tallow, and soda and potash mixed, chiefly the latter. It is said to keep unaltered for years. It is put up in two forms, one a little harder than the other.

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Our Book Table

ESSENTIALS OF DISEASES OF CHILDREN; WILLIAM M. POWELL, M. D., Philadelphia, Penn. Saunder's Question Compends, No. 15. Cloth, $1.00. W. B. Saunder publisher, Philadelphia, Penn.

A most excellent little volume, containing within a small compass the essentials of this important branch of medicine. The general practitioner will find here in a condensed form a great amount of useful information ready to hand. It can be gotten without a great outlay either in money or time; of neither do physicians as a rule possess a great store. The student will find here a helper indeed. Overworked and wornout, the brain in a muddle, with bits of information from the lectures about croup, membranous laryngitis, diphtheria, cretinism and scrofula, he will find here in this little volume a re-agent that will precipitate and crystalize these facts, which, so as to speak, were before in solution. The introduction on the examination of an infant is excellent. Then comes a chapter on dentition and one devoted to the diseases of each of the various organs and systems. We can heartily commend the present number as one of the best of this series of excellent works.

Literary Notes.

"THE Faith Doctor", begun in the February *Century*, is a novel of New York life, introducing some characters in "society" and others who are trying to get in.

ONE of several valuable articles announced for the March *Popular Science Monthly* is an explanation of Dr. Koch's Method of Treating Consumption, by Dr. G. A. Heron, a London physician, and a friend of the discoverer.

PROF. HUXLEY has attacked the idea that the people who spoke Aryan were one distinct race. His discussion of this point will be printed in the *Popular Science Monthly* for January and February, under the title The Aryan Question and Prehistoric Man.

SUPPOSED TENDENCIES OF SOCIALISM is the title of the article that will open the March *Popular Science Monthly*. It is by Prof. William Graham, of Belfast, who gives his reasons for expecting a progressive movement in the state of society, but no sudden social transformation.

THE strength and attractiveness of the February number of the *Home Magazine*, like others that have preceded it, lies in the various regular departments, conducted by clever editors. Mrs. Logan's chapter of reminiscences in this number is especially interesting. The series of articles entitled, "From Cellar to Attic," is attracting widespread interest.

ONE of the best articles in *The Chautauquan* for February is entitled "The National Academy of Sciences," by Marcus Benjamin, Ph. D. The origin, organization and achievements of this institution are ably and concisely set forth, and many interesting instances are cited in which the Academy has been of important service to the government. The paper is of general and permanent value.

SCIENTIFIC AMERICAN.—Every week this most valuable periodical presents whatever is new in the world of science, art, and manufactures. Full of practical information, it discloses to the thoughtful not only what has been ascertained, but also suggests the possibilities to be revealed. For forty-five years Munn & Co. have conducted this paper in connection with the procuring of patents for new inventions. The *Scientific American* is authority on all scientific and mechanical subjects. and should be in every household.

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PROF. JOS. RODES BUCHANAN writes ably on the nature of consumption of the lungs and the alleged discovery of Prof. Koch, showing the weakness in the claims of the German professor. Doctor Buchanan regards the lymph craze as another of the numerous medical fads, which spring up from time to time like mushrooms, only to as readily pass away, because he believes the professor is proceeding on an unscientific hypothesis. He praises, however, the progressive spirit of investigation evinced by Professor Koch.—*Arena.*

THE railway mail service of the whole country is divided for convenience into eleven divisions all under charge of a general superintendent at Washington. Each separate division has a superintendent of its own. There were, for the fiscal year ending June 30, 1888, 5094 clerks in the service, and they handled that year 6,528,772,060 pieces of ordinary mail matter, besides registered pieces. The salaries of the clerks range from $500 to $1300 acccording to the amount of work or responsibility.—*Max Bennett, in February St. Nicholas.*

THIS paper and *The Home Magazine* for $1.50. We make this offer for *new* subscribers only, and positively will not make such terms with other than *new* subscribers. This offer cannot be equalled in the country. *The Home Magazine* is a 32-page monthly, printed on book paper, handsomely illustrated, with literary matter from the best writers, see advertisement in another column, and the offer is made of this magazine free to every $1.50, cash in advance, *new* subscriber, through especial arrangement with the publishers, for a short time only.

THE second installment of the "Talleyrand Memoirs," to be published in the February *Century*, will be devoted entirely to Talleyrand's narration of his personal relations with Napoleon Bonaparte. Talleyrand apologizes for taking office under the Directory, describes his first meeting with Bonaparte, tells how the First Consul snubbed an old acquaintance, and relates other anecdotes of Napoleon tending to emphasize the weaknesses and vanities of the emperor. Talleyrand criticizes Napoleon's Spanish policy, and gives a detailed account (from notes which he had taken of the conversation) of an interview that Napoleon had at Erfurt with Goethe and Wieland.

E. B. TREAT, has in press for early publication the ninth yearly issue of the "International Medical Annual." Its corps of thirty-seven editors—specialists in their respective departments, comprising the brightest and best American, English and French authors—will vie with previous issues in making it even more popular and of more practical value to the medical profession, We have the assurance of some of the best medical practitioners that the service rendered their profession by this Annual cannot be duplicated by any current annual or magazine, and that it is an absolute necessity of every physician who would keep abreast with the continuous progress of practical medical knowledge. Its index of new remedies and dictionary of new treatment, epitomized in one ready reference volume at the low price of $2.75, make it a desirable investment for the busy practioner or student.

THE PRODUCTION OF PHYSICAL BEAUTY.—The idea of beauty is wholly relative and varies with places and times. Artists make beauty to consist in certain proportions of the parts of the skeleton and in the harmony of the muscular development. We might, perhaps, be more definite by saying that to be handsome at rest and in motion the man ought to present the traits of health and moderate strength, and in addition to be in possession of his means of locomotion and of natural defense. This view of beauty originates in the consideration that there is a necessary relation between vigor, skill, agility, and in the outer form of the body at rest and in motion. Thus defined, the type of beauty, in a given race or medium, is an ideal which we seek to revive by physical education. It follows that a man specially devoted to any one exercise can not be handsome. This may be said of all the professions that localize muscular work in a restricted region of the body. There are, however, some sports that have the advantage of exercising equally the upper and

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lower limbs; such, for example, as wrestling, French boxing, swimming, and canoeing with two oars and a sliding seat. A good gymnastics includes complete exercises, and incomplete or unsymmetrical exercises, under such a condition as that they shall correct one another, and that the work shall bear upon the lower and upper limbs. *From Precision in Physical Training, by Georges Dement, in the Popular Science Monthly for February.*

NAPOLEON HAS AN EPILEPTIC ATTACK. [Talleyrand, in the "Memoirs" now appearing in *The Century*, gives an account of Napoleon's having something like an epileptic fit, and of the indomitable energy with which he immediately afterward resumed the march.] I received instructions to accompany him to Strasburg, so as to be ready to follow his headquarters according to circumstances (September, 1805). An attack which the Emperor suffered at the beginning of this campaign alarmed me peculiarly. The very day of his departure from Strasburg I had been dining with him; on rising from the table he went alone to the Empress Josephine's apartments, and after a few moments came out again in an abrupt manner. I was in the drawing-room; he took me by the arm and brought me to his room. M. de Remusat, his first chamberlain, who had certain instructions to get, and was afraid Napoleon might go without giving them to him, entered at the same time. We were barely in when the Emperor fell to the floor. He scarce had time to tell me to close the door. I tore open his neckerchief, as he seemed to be suffocating: he did not vomit; he groaned, and foamed at the mouth. M. de Remusat gave him some water; I inundated him with eau-de-Cologne. He had something in the nature of convulsion, which ceased in about a quarter of an hour. We seated him in an arm-chair; he began to speak again, dressed himself, urged upon us to say nothing of this occurrence, and half an hour later he was on the road to Carlsruhe. On reaching Stuttgart he let me know how he was; his letter ended with the words: "I am well. The duke (of Wutemberg) came to meet me as far as outside the first gate of his palace; he is a clever man." Another letter of his, from Stuttgart, and dated the same day, said: "I have heard of Mack's doings; he is getting on as if I led him by the hand myself. He will be trapped in Ulm like a clod-hopper."

AN AMERICAN KEW.—America, I believe, is the only country of consequence that does not possess an important botanical collection; while, on the other hand, there is certainly no country that has more natural advantages for creating and maintaining one. Were we to confine ourselves strictly to our own boundaries, we could make a magnificent showing; but we have the whole globe to draw upon, and we are so situated as to make this draft a comparatively easy affair. As to the scientific expediency of the enterprise there can be no dispute. The value of botanical study has always been recognized. The Dark Ages, whose enlightenment we are just beginning to appreciate, are greatly our creditors in this regard; the monks of the old monasteries, together with Albertus Magnus and other Hermetic philosophers who pretended to be absorbed in the pursuit of the Philosopher's Stone and the Elixir of Life, were at any rate diligent botanists, and, by their study and cultivation of plants, were the means of preserving countless specimens that would otherwise have been irretrievably lost, and which are of high value in medicine and otherwise. But for the energy of certain obscure botanists who lived and labored upwards of a century ago, the civilized world might now be eking out a miserable existence without either coffee or quinine. We had a narrow shave of it, as it was. In 1850, England and Holland became alarmed at the increasing price of cinchona, due to the rapid decrease of the forests in Peru. Seeds and seedlings were planted in Java; but they were of an inferior quality, and turned out poorly. At length England sent out Sir Clement Markham, who collected a quantity of healthy plants in Peru and despatched them to India, where a few of them arrived in good condition and were set out. The success was enormous; and there are to-day, in Bengal alone, upwards of five million plants of this useful vegetable, and myriads more are distributed over the earth.—*Lippincott's Magazine.*

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A SOLUBLE DRY EXTRACT, prepared from Malted Barley and Wheat, consisting of Dextrin, Maltose, Albuminates, and Salts.

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— Materia Medica and Therapeutics, Dr. Mitchell Bruce.

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— Eustace Smith, M.D., F.R.C.S.

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News and Miscellany

The Feminine Prescription Clerk.

"What are you making, my pretty maid?"
"Nothing much," with a smile she said.

But for the result I grew rather afraid,
As the wonderful "nothing much" was made.

With strychnine and quinine she gently played,
And arsenic was just as good unweighed as weighed.

Gay dashes at oxides and sulphates she made,
And sizable drops on the mixture were laid.

On potassium cyanide she then made a raid,
While my hair did uprise and my color did fade.

"What is it, now that it is done, fair maid?"
"Oh, nothing much, sir, I guess," she said.

"And who did prescribe it, my drugstore maid?"
"Nobody but a lady M. D.," she said!

"'Tis truly a marvelous dose you've made—
This nothing from nothing, oh, mixing maid." —*Pharmaceutical Era.*

INFLAMMATION OF THE EXTERNAL AUDITORY CANAL.—As already stated, I have used the Campho-Phenique in a number of cases of inflammation of the external auditory canal, both circumscribed and diffuse, and, in addition to its allaying the irritation and inflammatory symptoms, it has one especial point in its favor, which is valuable even if it did not allay the inflammation, i. e., its analegesic properties. It is the best remedy to allay pain in the inflammatory conditions of the external auditory canal with which I am acquainted at the present time. W. R. Amick, M. D., Prof. of Ophthalmology in Cincinnati College of Medicine and Surgery and Woman's Medical College.

A CASE IN POINT. A prominent manufacturer, Mr. T., living in New Jersey, consulted me some eighteen years ago in reference to certain distressing symptoms which to his mind presaged apoplexy. As two brothers of his had died recently of that disease with the same premonitory symptoms, I did not feel justified in saying that his fears were groundless. Good feeders and torpid bowels told the story. I ordered a large teaspoonful of Tarrant's Seltzer Aperient in half a tumbler of water before breakfast and his troubles soon disappeared, and he is living to-day hearty and well, and has often told me since that the Aperient saved his life. P. F. HYATT, M. D., Lewisburg, Pa., Oct., 7, 1890.

A CHINESE CHESTERFIELD. A Chinese Chesterfield has been discovered in the person of the late Tseng Kno Tan, whose letters to his son derive additional interest from the fact that this son was the Marquis Tseng. In one of these paternal admonitions the writer recommends his son to avoid "an excessive animation of manner." "If," he observes, "there is one virtue which our ancestors emulated, it was that of dignity." Hearing that his son is indisposed he bids him beware of drugs. Dukehart's extract of malt is not a drug, but compounded with pure Norwegian cod liver oil and the soluble hypophosphites lime, etc., Niemeyer emulsion, is the best known remedy for pulmonary diseases, coughs, colds and general debility. It contains the elements which constitute the best brain food, and are most productive of flesh, bone and muscle. He also takes the opportunity of inculcating the duty of early rising, and reminds his son that "our ancestors were never in bed after four o'clock in the morning."—Ex.

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NOTICE the new card of the Sunny Slope Vineyards.

AN interesting little book concerning "Oleo-chyle" will be sent free to any physician addressing Geo. W. Laird & Co., New York. Notice the "Cod" in this issue.

DR. MILLER'S Suppositories are becoming very popular with physicians because of their uniformity and certain action where indicated. Notice the formulae in another column, and if not familiar with them, send for a free sample.

A SENSIBLE IDEA. Why send your consumptive patients away to die in some strange land? Why not make one more rational effort to save them? Read the advertisement of the McArthur Hypophosphite Co., on page 1, and give their preparation a faithful, thorough trial; you will not be disappointed.

WE call the attention of our readers to the Robinson-Pettet Co., Louisville, Ky.. which will be found on another page of this issue. This firm was established forty-five years ago and enjoys a widespread reputation as a sound, honest, reliable business house. We do not hesitate to endorse their preparations as being all they claim for them.

WANTED.—A position as manager of advertising in a drug or proprietary medicine house, that carries or intends placing a line of advertising in medical journals. Applicant will bring to the business years of experience and a practical knowledge of the essential features in this branch of advertising. Will furnish type writer. Address, until March 15, R. E. A. D., care of MEDICAL HERALD. 6th and Charles Sts., St. Joseph, Mo.

SAFEGUARDS AGAINST SUBSTITUTION. Fellows' Hypophosphites is dispensed in bottles containing 15 oz. by measure—the address, Fellows & Co., St. John, N. B., blown on—the name, J. I. Fellows, St. John, N. B., in watermark upon the yellow wrapper; it is hermetically corked, and sealed with crimson capping; is heavy, slightly alkaline, has a pleasantly bitter taste, and deposits flocculent brown precipitate of Hypophosphite of manganese when left undisturbed for forty-eight hours. Note—Though this precipitate mars the appearance, its presence has been found imperative to its full remedial effect.

WHERE DID YOU GET THE IDEA?—For years the readers of medical and other journals have had it drummed in their ears (or eyes) to "mention this publication;" say where you saw this advertisement when you write," etc., etc., and yet how many do it? Do *you* make a practice of giving credit to your journal when you order samples or literature or instruments, in answer to some advertisement contained therein? Why not? The advertiser who pays for the privilege of bringing to your notice some new product, certainly deserves the satisfaction of knowing whether his outlay brings any returns or not. How can one arrive at any satisfactory conclusion, except by the method mentioned above? A journal printed in Missouri or Kansas, for instance, brings returns or orders from Louisiana, or Texas, or Minnesota. If no journal is mentioned, the one published in that immediate locality receives the credit, and so it goes. The MEDICAL HERALD has demonstrated to its entire satisfaction that not more than five doctors in one hundred, think of quoting the publication. A card was recently inserted in several leading medical journals, offering to send a sample copy of the MEDICAL HERALD free, and out of several thousand applications, not to exceed seventy-five of them mentioned the journal from which they gleaned the information. If the profession in general would be more particular in rendering this simple service to their favorite journals, the effect would soon be noticeable, inasmuch as the credit for returns would be placed where it rightly belongs, and the really meritorious publications would prosper, while the organs circulating through a narrow sphere, with nothing but wind to buoy them upon the uncertain and stormy sea of journalism, would soon be put to rest—at the bottom.

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ALL matter pertaining to this department, or concerning advertisements, to insure prompt attention, should be addressed as above. . . . . .

THIS DEPARTMENT will be devoted to such notices and comments as the Business Editor may feel inclined to make of deserving and meritorious preparations, and such items of news concerning new goods as will prove interesting to our readers. Practitioners are particularly requested to send us brief facts concerning the success of preparations advertised in THE HERALD, as demonstrated in their practice, and we will always be glad to give space in our Original Department for extended reports of clinical cases. Practices for sale, or notices of removal, not exceeding ten lines, will be inserted FREE three times for subscribers. Always state reasons for selling.

(THE HERALD'S circulation being among a class of physicians who PAY THEIR SUBSCRIPTIONS (and consequently READ each issue), this journal naturally offers the best opportunity to those advertisers who desire to reach the thrifty and progressive practitioners of the West and South.)

THIS Journal is on file at the following agencies, where advertising may be placed at our regular rates, and we invite Eastern Pharmacists to call and examine THE HERALD carefully:
J. H. Bates, 38 Park Row, New York; H. C. Hall, Cincinnati, Ohio; N. W. Ayer & Son, Philadelphia, Pa.; Geo. P. Rowell & Co., 10 Spruce St., New York; J. Walter Thompson, 39 Park Row, New York; Dodd's Advertising Agency, Boston, Mass.; Slay Bros., 1169 Broadway, New York.

"YALE SURGICAL CHAIR."—After repeated and careful tests of the "Yale Surgical Chair" I take pleasure in stating that its action is completely satisfactory both in gynecology and generalsurgery. FRED G. THOMPSON, M. D., C. M., St. Joseph, Mo.

I HAVE used Ponca Compound for uterine affections. One, a very bad case of ovaritis and metritis, following a month after confinement. The results were all that could be desired. R. FRAME, M. D., Milford, Deleware.

HAVING had experience with Peacock's Bromides, I can say that for a quieter in spinal difficulties accompanied with brain troubles it has in my experience become indispensable. It affords sure results with less secondary trouble than any remedy I have ever used. F. A. KITCHEN, M. D., Toledo, Ohio.

HOARSENESS.—Physicians are rarely disappointed in the use of Listerine for singers and public speakers. The following is reported by a practitioner of special experience in this direction, as the highest value: R. Nitric acid (c. p.). 4 drops; Listerine, 1 ounce: Water, 3 ounces. M. Sig. Use frequently by spray or gargle.

SOMETHING NEW—SLEEPING CAR TO HOT SPRINGS, VIA "WAGONER ROUTE."—The Missouri Pacific Railway has now in effect a splendid through sleeping car service between Kansas City, Mo., and Hot Springs, Arkansas, "The World's Sanitarium," leaving Kansas City at 9:10 p. m. and running through to Hot Springs via the "Wagoner Route" without change, arriving at Fort Smith 2:15 p. m., Little Rock 9:30 p. m. and Hot Springs 6:00 a. m., with the privilege of remaining in berth until 8:00 a. m. For tickets and further information, call on or address F. P. Wade, P. & T. A., St. Joseph, Mo., or any of the company's agents.

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THE MEDICAL HERALD.

A MONTHLY JOURNAL OF THE MEDICAL SCIENCES.

DANIEL MORTON, M. D., Editor.

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Original Articles, Clinical Reports, Society Proceedings, Correspondence and News invited.

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Illustrations will be furnished FREE for all articles requiring same, if drawings are furnished.

Address all matter intended for publication to the editor.

Volume X. Number 3. | ST. JOSEPH, MO., MARCH, 1891 | Sample Copies Free. $2 a Year, in Advance.

ORIGINAL

Ectopic Pregnancy with Presentation of Specimen

BY YOUNG H. BOND, M.D., ST. LOUIS, MO.

Professor of Gynecology, Marion-Sims College of Medicine; Attending Gynecologist to the Grand Avenue Free Dispensary; Consulting Gynecologist to the St. Louis Female Hospital, and St. Louis City Hospital.

Remarks delivered before the St. Louis Medical Society, January 24, 1890.

I do not wish to report a case of mere ectopic pregnancy, since I did not see the patient from whom this specimen was obtained during life. She bled to death and presented the usual symptoms incident to a lesion of this character; the diagnosis was not made.

On post-mortem the abdominal cavity was found filled with clotted blood which had proceeded from a rupture of the right Fallopian tube.

With great confidence, I pronounce this a case of ruptured tubal pregnancy; for whilst no foetus was found (none being sought for), the gross appearance of the parts justifies the exclusion of all other lesions to which the tubes are liable. Nothing is found to sustain the belief that the inflammatory disturbances to which the tubes are liable, neoplasms which, in rare instances, attack them, produced the pathological appearances present. Extravasation of blood into the tubes, with subsequent rupture into the abdominal cavity, in consequence of distension, and unassociated with extensive inflammatory alterations of the walls of the tube, rarely, if ever, occur; therefore, there is no queseion but that the specimen is that of a ruptured tubal pregnancy. It will be submitted to Prof. Summa for microscopic examination, and there is no doubt that histological appearances will be found that will demonstrate the existence of placental tissue, at the point of rupture, and that the uterine cavity is lined with a membrane approaching in character decidua vera.

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We have here the uterus, together with both broad ligaments and ovaries. The uterus is three times as large as the normal unimpregnated uterus, and from its size we may predict that there will be found evidences of chronic metritis, associated with an increased development of the muscular element, the latter being incident to the innervation of pregnancy.

The uterus is much larger than is usually the case at that stage of extra-uterine pregnancy reached in this instance, which is perhaps six weeks. The ovaries, too, are quite large. No evidence of a corpus luteum of pregnancy can be detected. Small cicatrices are seen, sequelae, perhaps of ruptured follicles, but nothing pathognomonic of a corpus luteum of pregnancy. In 1881 Mr. Tait stated that evidence was rapidly accumulating in his hand that "corpora lutea are not a necessary result of the maturation and shedding of true ova;" and in 1889 he reiterates the same assertion. The determination of the truth in this regard may possess an important medico-legal bearing, and no case that may come before us that can throw light upon this subject should escape scrutiny.

Perusal of nine-tenths of all that has been written upon the subject of ectopic pregnancy will impress one with the belief that ectopic gestation is a veritable curiosity—a case of nature let loose, without restraining or guiding influences, that should act with any degree of uniformity in determining the steps of her aberrant course. And as a consequence it was for a long time thought to be idle to attempt to establish anything like a defined line of action, in dealing with a process so eccentric. Thus is explained the fact, that century after century rolled on, and no intelligent method of combating the deadly agency of this process was discovered. Countless thousands of women have gone to their graves prematurely, because no Tait had arisen to unravel the mysteries of ectopic gestation, and point out a sure and reliable method of dealing with the same.

Although the propriety of performing laparotomy, tieing off the vessels, and removing the gestation-sac, had been by many suggested, it was not until 1883, that one appeared, who had sufficient courage of his convictions upon the subject, to put his conceptions into actual practice. In 1873 Tait formulated certain conclusions respecting ectopic pregnancy, and so far as has come to my knowledge all carefully conducted observations upon the subject since then have served to establish their correctness.

He claims that all ectopic pregnancies are primarily tubal, unless, perchance, there should be an ovarian variety, which, as yet, has not been proved. Clinically, two kinds of tubal pregnancy are met with, viz: the one occuring in the free portion of the tube, and the other in that portion of the tube embraced in uterine tissue, the old interstitial form.

In explaining the cause of Fallopian pregnancy, he refers to the similar states found in the mucous surface of the uterus after menstruation, and that of the tubes in desquamative salpingitis.

Menstruation is regarded as a nidation process, a state in which the epithelial layer of the mucous membrane of the uterus has been thrown off, thus fitting the cavity for the retention and nutrition of the fecundated ovum during the period of its early existence, and for the formation of the placenta subsequently.

The cilia of the healthy tube, acting in a direction toward the uterus, assist in

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conducting the ovum to the uterine cavity, and at the same time hinder the ingress of spermatozoa.

A result of desquamative salpingitis is to remove the cilia and place the mucous surface in a vascular state similar to that of the uterus after menstruation, as regards its power to furnish nutrition to the ovum in its early life. Parenthetically I will state that the conditions for the formation of the placenta are not limited to uterine tissue, even though the Fallopian tubes be regarded as a part of the uterus.

When we reflect that the placenta is a product of the chorion, and that the latter is the property of the ovum, we can understand how the inherent forces of the fecundated ovum will take on activity, if the requisite warmth, moisture and nutritive elements are at hand, as has been evinced by the implantation and growth of fertilized ova along fistulous tracts following hysterectomy.

In confirmation of the desquamative theory, Parry says "women who have become pregnant outside of the uterine cavity often show a previous inaptitude for conception, the interval between marriage and the first impregnation being frequently long.

If the woman has borne children, a period of sterility frequently precedes the extra-uterine pregnancy. The fact that the woman has been sterile points to the conclusion that there has been Fallopian trouble. The recent observations of Formas, read at the meeting of the American Association of Obstetricians and Gynæcologists, serve to confirm the theory of Tait as to the influence of desquamative salpingitis in occasioning extra-uterine pregnancy.

If it be conceded that impregnation usually takes place in the tube, we then derive an argument against the theory that disquamative salpingitis plays an important role in causing Fallopian pregnancy. It will be remembered that in the latter part of the last century and the early part of this, it was believed that the spermatozoa passed along the Fallopian tube, reached the ovum and conception took place at the ovary and that the impregnated ovum retraced its steps and entered the cavity of the uterus.

Experiments on lower mammals, show that the spermatozoa are usually found high up in the cornua of bi-partite uteri, (the cornua erroneously supposed to be Fallopian tubes). Fallopian tubes only exist in the higher order of animals, those that have assumed the upright posture. That is the position advanced by Mr. Tait.

The observations of Parry and Formas as regards the association of sterility and extra-uterine pregnancy, will find a general confirmation. The very first case of extra-uterine pregnancy of which we have any history was furnished in 1594, when a Dr. Primrose operated successfully, and saved both mother and child. That case was preceded by the occurrence of extra-uterine pregnancy, a dead child having been removed several years before through a large aperture in the abdominal parietes in consequence of necrosis of the part.

An ovarian pregnancy may possibly occur, but it has not been conclusively shewn. In consonance with the view that pregnancy occurred at the ovary, it was formerly believed that most cases of extra-uterine pregnancy were really cases of ovarian pregnancy. Many pathological specimens are found in museums labeled "ovarian pregnancies," and the appearance furnished by a fallopian pregnancy

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when the gestation-sack has not been ruptured, are very suggestive of an ovarian form. But a close examination of these specimens serves to demonstrate that very few if any are ovarian pregnancies. Possibly some of them are ovarian in part and that we might expect; we have cysts involving the fimbriated portion of the fallopian tube and the ovary; both structures playing a part in their formation; and it is reasonable to suppose that in certain instances the fimbriated extremity of the fallopian tube, in consequence of inflammatory action, would become adherent to the ovary, and the spermatozoa be carried down to the ovary, and impregnation there take place. In that case we would have a combined form of ovarian and fallopian pregnancy. In one portion of the gestation-sac we would have ovarian tissue and in the other the tissue of the fallopian tube. In order to prove that any case is strictly one of ovarian pregnancy, it would be necessary that the fallopian tube should be intact (normal), the uterus should be intact, and at least one ovary thoroughly intact; and whilst the other ovary might not be present, to demonstrate conclusively that it was an ovarian pregnancy, ovarian stroma should be found throughout the cyst wall of the pregnancy. I do not know a single case recorded in which ovarian tissue had been found throughout the cyst wall.

TUBAL FORM OF PREGNANCY.—Mr. Tait claims that all ectopic pregnancies are primarily tubal, taking place in the free or interstitial portion of the tube. It is only exceptionally the case that impregnation takes place in the uterine portion of the tube. When, however, tubal pregnancy occurs, the fecundated ovum will be accommodated in the fallopian tube only for a short time; the tube will be ruptured at some time before the expiration of the fourteenth week. If the rupture occurs at the upper portion of the tube where the layers of the broad ligaments fall over it as a curtain the opening will be into the peritoneal cavity; and we will have as a result death from hæmorrhage or septic peritonitis. In the vast majority of cases death very promptly ensues usually in time ranging from a few hours to a few days. The patient may die from hæmorrhage in its primary stage—there being no interruption to the hæmorrhage from the first to the last. It may be stayed for a time by a clot and then recur. As a rule, death ensues from primary hæmorrhage, since there is no influence to arrest it. The parts being exceedingly vascular at the point where the hæmorrhage occurs a large quantity of blood is poured into the peritoneal cavity. By its presence peristalsis is excited; the patient in consequence of her suffering is restless; cannot be kept still; therefore, the conditions requisite to the coagulation of blood cannot be complied with. When rupture occurs at the lower portion of the tube we have a sub-peritoneal pregnancy, and there ensues one of five results: 1. The fœtus may live and reach a viable period. 2. It may be converted into a lithopædian. 3. It may perish and be absorbed as an hæmatoma. 4. It may undergo suppuration and be discharged through the bowel, vagina, the bladder or abdominal wall at or near the umbilicus. 5. It may develop up to a certain point and then rupture into the peritoneal cavity, constituting what is known and designated as a secondary rupture. This secondary rupture may cause death or the fœetus may be extruded into the abdominal cavity without amnion, chorion or decidua to invest it. Cases have been reported in which the fœtus has been found in the abdominal cavity, surrounded by the intestines, with no proper covering at all; but in such instances the placenta was found in general attached sub-periton-

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eally, and the presumption is strong that the pregnancy had proceded up to perhaps the seventh or eighth month, and then a portion of the broad ligament had given way, and the fœtus had emptied into the free peritoneal cavity. This assumption is supported by the fact that the peritoneal secretion exercises a decided digestive influence upon soft structures such as obtain during the early life of the embryo. Nor is the rupture of the fallopian tube due to distension. At the point where the placenta happens to grow, if from the upper wall of the tube, it will penetrate the true tissue of the tube in the form of venous channels, the tubal tissue becoming constantly thinner; a rupture will finally take place as a consequence and then of necessity alarming hæmorrhage occurs. If the placenta should be developed at the lower portion of the tube, in the direction of the space between the broad ligament, a rupture will takc place by the same processes, in that direction, and then are presented either of the five conditions enumerated.

Diagnosis. It surely is a decided disideratum to be able to diagnose extra-uterine pregnancy—tubal pregnancy, before rupture. Were we thus endowed and the proper course pursued many lives would be saved. Should the patient consult us about her condition previous to the time of rupture, and we be induced to make a physical examination, we should think the testimony of the physical signs considered in connection with the subjective symptoms, in the vast majority of cases, would amply justify the presumption of extra-uterine pregnancy; in fact a presumption so strong that the neglect to make an exploratory laparotomy would be inexcusable. Suppose a case: A woman gives the history of sterility, a condition not the consequence of her choice; has been regular in her menstruation, and yet a few weeks previously she had missed a menstrual period; had passed a week, ten days or two weeks or more; then menstruation returned, profuse and irregular; she had pain in the region of the fallopian tube; her attention is directed to that region by the sense of discomfort, and recurring attacks of pain; her breasts are enlarged; suffers from nausea; and may or may not present those subjective indications of pregnancy that exist when the pregnancy occurs in the uterus. The cervix is soft and the uterus continues to develop up to about the first or second month; and in addition we have in the region of the fallopian tube, upon the side of the uterus or posteriorly to it, a mass of appropriate size and form to that of a pregnancy at the particular period. This combination of symptoms would furnish strong presumptive evidence of pregnancy; if, however, after one examination had been made and the size of the mass definitely ascertained, a subsequent examination should reveal a proper increase in size, then the conclusion would be almost inevitable. In a case of hydro-salpinx the outline of the tumor, in a case of pyo-salpinx, the increased sensibility will assist in reaching a satisfactory conclusion. Diagnoses of tubal pregnancy, before ruptures, have been made, and appropriate operations performed; and when this sequence of symptoms is present our minds should be on the *qui vive* for the possibility of such a condition of things. The diagnosis of tubal pregnancy at the time of rupture is almost unequivocal; no excuse could hardly ever be claimed for failing to diagnose it, and to invoke promptly the one only surgical interposition that can rescue from impending death. The woman, as a rule, is taken suddenly ill; complains of pain in the pelvic region; at once becomes collapsed; is faint; almost pulseless; cries for water, the demand being like that of the wounded soldier when profusely bleeding;

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her anæmic state indicates conclusively that she is suffering from loss of blood, and if there is no palpable explanation for it elsewhere, it is imperative that her surgeon open the abdomen and ascertain that she is not bleeding from a ruptured fallopian tube. In respect to a diagnosis of a rupture of the tube into the broad ligament, the subjective symptoms render less assistance than in the case of rupture into the abdominal cavity, but the physical indications are more positive. The woman suffers from collapse to a degree corresponding to the amount of blood effused. In some it is very great; even to the separation of the broad ligament and the formation of a virtual stricture around the rectum, and thus obstructing the passage of the fæces. In such cases the degree of systemic disturbance is very pronounced. If the symptomatic history of the extra-uterine pregnancy be present together with the sudden collapse, the finger introduced into the vagina detecting a hæmatoma, of concave form below, and sufficiently large to reach the pelvic inlet, being convex above, the conclusion is almost absolute that the case is one of tubal pregnancy ruptured into the broad ligament. If the rupture has thus taken place, and the child continues to live, it will be impossible to diagnose the existence of a living child until after the expiration of the fourth month. After this period the heart sound and souffle will afford sufficient data to determine the existence of a living child. In case of the death of the child, at or near full term, there usually precedes a process of spurious labor. Women sometimes are in labor for several days, exhibit symptoms that simulate those of true labor, but the cervix is not drawn out as it is in normal pregnancy at the full period. After the cessation of labor pains, the mass promptly becomes reduced in size, the amniotic fluid undergoes absorption, the amnion closely invests the child, and the process of digestion rapidly goes on. Prompt reduction in the size of the abdomen in connection with the absence of motion is one of the strongest evidences that an extra-uterine fœtus has perished.

Intersitial pregnancy. It is impossible to diagnose this condition either by physical or subjective symptoms on account of the many and conflicting conditions that exist. These cases usually rupture into the peritoneal cavity at a time varying from three to twenty weeks. If it were possible to diagnosticate a case of interstitial pregnancy, one mode of treatment only would be indicated, viz.: Porro's operation, removal of uterus and child.

Treatment. Primary rupture into the abdominal cavity demands laparotomy promptly; that portion of the broad ligament, in which the sac is situated, must be ligated and removed. The result in such cases is usually a very happy one. Mr. Tait reports 38 cases with only one death; Martin reports 11 cases with three deaths; others report favorable results: therefore, in view of the fearful mortality that obtained previous to the institution of this method of treatment, there no longer exists any question as to the propriety of this procedure. In case of rupture into the broad ligament, if the fœtus perish at the time of rupture a hæmatoma is formed; if the hæmatoma be moderate in size the question arises, shall it be removed, surgically, or shall it be left with the hope that it will disappear by absorption. Some contend that an operation is the proper thing; others deny that laparotomy and the opening of the broad ligament and cleaning out of the collection of blood is the best course. If the condition of the patient seems not to be serious, and the collection of blood not unduly large, I would be disposed to leave it to be ab-

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sorbed; for hæmatomata are not of very uncommon occurrence, and it is known that they generally undergo absorption. As a rule, therefore, no operative measure is called for, as this mass of blood will be absorbed. It has been contended, however, that in all cases of hæmatoma complicated with extra-uterine pregnancy, that removal by abdominal section or an operation on the broad ligament through the vagina should be practiced for the reason that in such cases sepsis sooner or later attacks the effused blood, upon the assumption that the disquamative salpingitis was due to a septic condition, and that the septic germs still existing in the Fallopian tube would in the course of six months or more infect the blood poured into the broad ligament. As a matter of course, if the discharge of blood into the broad ligament was of such extent as to endanger the life of the patient or to render it almost certain that suppuration would ensue, the wise course would be to perform a laparotomy, open the broad ligament, cleanse it thoroughly (and if necessary use some styptic application) and stitch the divided portion of the broad ligament to the abdominal opening, and if necessary insert a drainage tube. What line of action shall be adopted when extra-uterine pregnancy is diagnosed at the fourth month or thereafter, the fœtus being alive but not viable? Shall efforts be made to destroy the child by electricity, by the injection of morphine or by other means, or shall we by a laparotomy remove it at once, or wait till it reaches a viable period and then attempt to save both mother and child? When such a case is diagnosed as early as the fourth month, or soon thereafter, an attempt at its removal should be made, otherwise the interests of the mother will be compromised in a degree commensurate with the delay up to the viable period or beyond, for the smaller the placenta the less the danger; the greater also the possibility of tying off the vessels and greater likelihood of saving the mother. But if the child be near the viable period I should wait until it reached the full period. Martin, of Chicago, has recently experimented with the view of determining the comparative potency of the Faradic current and galvanic current in destroying eggs in the process of incubation, and has awarded it to the latter. In regard to the destruction of the child, statistics show that in 1888 and 1889 eleven cases were operated on in which the children were viable; four mothers died, and four children were saved, making a mortality of 36 per cent. In operations performed from six to eight weeks after the death of the fœtus, of 44 cases reported in 1888 and 1889, there were nine deaths, a mortality of 20 per cent. These are vastly more favorable results than were obtained in the time of Parry, who says in 1873, "of nine women operated on during fœtal life, or soon after its extinction, they all died." The clamp then was in use, and no antiseptic precautions were then employed, consequently, causes of mortality then prevailed that do not exist at the present day.

Operation of laparotomy, removal of the child. Mr. Tait recommends that the umbilical cord be tied close to the placenta and that the latter be left intact, and that the abdominal incision should be made not in the median line, the conception being below the broad ligament, as the gestation-sac increases in size the broad ligament is carried up, consequently, the incision is made to the right or to the left of the median line, as the case may require; if the child is upon the right side, the incision should be made to the right of the median line, and vice versa By that means it is sought to avoid entering the peritoneal cavity at all. The sac, after

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thorough ablution is sewed to the opening in the abdominal wall, atmospheric air being displaced by hot water forcibly injected and guardedly abstracted, hermatic closure being attempted. Efforts have been made to remove the viable child through the vagina, but the results have been unfortunate. I am acquainted with but one case in which a living child has been thus removed. The circulation under such circumstances is so seriously interfered with that the child perishes before delivery is accomplished; laparotomy, therefore, furnishes a much more promising mode of operation in these cases than extraction per vaginam. If the child, however, has developed in the broad ligament, and a rupture, with hæmorrhage, has taken place secondarily from the broad ligament into the peritoneal cavity, and the symptoms are sufficiently grave, then it will be imperative that we open the abdomen, ligate the vessels below the placenta, if possible, and remove the extraneous parts. In a case of suppurating ovum, the mass not being large, and it being possible to reach it readily from the vagina, its removal in that direction is advised; but if the mass be large and there be complicating conditions resulting from inflammatory states, laparotomy and the removal of the suppurating contents is the proper procedure. The cyst-wall should be sewed to the opening in the abdominal parieties and drainage practiced. Ten cases have been reported in which, after recovery from one extra-uterine pregnancy, a like pregnancy has occurred upon the other side. The question very naturally presents itself whether or not in such cases the removal of the appendages of both sides is indicated. Salpingitis is bilateral in nearly one-half of the cases, a significant fact in this connection.

Grand and Page Ave.

Fractures and Dislocations in Country Practice.

By P. DAUGHERTY, M.D., Junction City, Kansas.

Read before the Golden Belt District Medical Society.

Mr. President and Gentlemen of the Golden Belt Medical Society:—The surgeon not only wants a steady hand, but a clean hand. He not only needs a clear head, but finger nails clear of dirt. The good surgeon must be a good anatomist. The mistakes of the surgeon are much more easily discovered by the laity, than the mistakes of the physician. The physician may stuff drugs, that he knows little of, into an organism that he knows less of, and the patient may recover, and the doctor get the credit of curing him; or, if he dies, the community will attribute his death to the disease. In a new and sparsely settled country like ours we cannot make a specialty of surgery. We have to be physician, surgeon and obstetrician, and out of all we do not much more than make a living. It behooves us to study that class of surgical cases closest, that we are oftenest called upon to treat. Observation and experience teaches me that fractures and dislocations largely comprise this class. The splints and appliances for fractures recommended in works of surgery are legion. But who wants to haul a car load of splints around the country with him, even if he has the money to buy them. What we want is something cheap and efficient, and something of this kind can be found in every household.

Suppose you have a fracture of the leg, and you are ten miles in the country without splints, and no boards to make any. This was my condition on a certain

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occasion. What I did was this: I asked the lady of the house to make me a pint of starch, just such as she made to starch clothes, to give me an old sheet and a paper box. From the sheet I made bandages, and from the paper box I cut me two splints long enough to reach from near the knee to about two inches below the sole of the foot, made tapering so as to correspond with the taper of the leg, and wide enough to cover the limb, with the exception of about three-fourths of an inch behind and in front. These splints I reinforced by two others much narrower. I placed my splints in the warm starch until they were soft and pliable. I then ran a bandage on the leg, adjusting the fracture at the same time, and applied my paste board splints to either side of the leg, molding them to fit all the inequalities of the limb and lapping the ends upon each other in the hollow of the foot. Then I ran a bandage over the whole using my starch on every turn of the bandage, and placed the limb in proper position until all was dry. I found when dry that I had the lightest and most perfect fitting dressing that I had ever seen, and one that was firm and solid. I have never used anything else as a dressing since, in fractures of the leg, and that was twenty-five years ago. Starch, paper boxes and muslin you will find in every household.

The first bandage I have long since discontinued, and in its stead I wrap the leg in cotton batting. If the limb swells and your dressing gets too tight split it down in front and let it gap and run a bandage over it; if it gets too loose split it in the same way and lap the edges, running a bandage in the same way. This dressing I also use in fractures of the humerus, and have used it with good results in fractures of the femur in children.

In fractures of the clavicle, which are very common, we have a number of dressings recommended in works on surgery. For the past three years I have discarded all the dressings I had been using prior to that time for Prof. Meore's, of Rochester, New York. I first saw it applied by Prof. Gunn in the Presbyterian Hospital at Chicago. I have had better results from this dressing than any other I have ever used. I use a strip of muslin eight or ten inches wide and about three yards long. All that you need to remember in order to apply this bandage correctly, is the figure of 8, embracing the elbow of the injured side and the opposite shoulder. Wyeth in his late work gives a cut showing how to adjust this bandage. They did not get the cut exactly correct which you will readily discover by looking at it. In all fractures of the femur where the bones can be properly adjusted with the limb extended I proceed to dress as follows: I take an ordinary lounge and make a solid board bottom for my mattress, placing my patient upon the mattress. If I have no pulley with me, and I do not often have, I improvise one by getting an empty spool, running a piece of fence iron through it and fastening the ends of the wire to the posts at the foot of the lounge. I then take two long strips of adhesive plaster (male skin preferred) wide enough to reach one third of the way around the leg, and long enough to reach from near the fracture to a few inches below the foot. After washing and shaving the limb, I carefully apply them to the sides of the limb sewing the ends together below the foot; in the loop thus made I tie a small cord bringing it over my spool and hang a weight to it sufficiently heavy to bring the limb to its proper length. I make my counter extension by elevating the foot of the lounge. For adults, as a rule, your extension weight

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should be about eighteen pounds, for children, one pound for each year. The dressing is completed by filling two long bags with sand and placing one on each side of the limb to steady it. This dressing I have used for the past two years in every case of fracture of the femur under my care with good results. Collie's fracture is another that we often meet with. I have tried nearly every plan of treatment recommended in the text books for this fracture, and my success has been anything but satisfactory to me, until three years ago I abandoned all for Prof. Pilcher's dressing as modified by Prof. Gunn. We apply this as follows: Make two compresses about the size of your little finger out of strips of muslin two and one-half inches in width, and after reducing your fracture place one along the inner aspect of the ulna reaching down to the carpus, and the other exactly parallel with this along the outer border of the radius over its styloid process, holding these firmly, secure them by a turn or two of adhesive plaster around the wrist, of the same width as your compresses. Then place the arm in a sling made of narrow muslin, the bearing being on the inner portion of ulna over its styloid process. Keep the thumb looking up and let the hand drop unsupported, which acts as an extending force. In a few hours the hand will probably begin to swell and become numb from interference with the circulation; if so, split your plaster on the back of the wrist and it will give sufficiently to relieve the congestion. This dressing I never remove until the union is complete.

In dislocations, that of the shoulder joint is the one we are most frequently called upon to reduce. One of the first questions the surgeon should ask himself when he is called upon to reduce a dislocation is, "what was the position of the limb at the moment of the accident, what portion of the capsular ligament is torn and what is the condition of the untorn portion?" Take for example a subglenoid dislocation of the shoulder; it matters not whether force producing it be applied directly to the joint from above downward, or directly to the hand, fore arm or elbow with humerus raised to an angle of ninety degrees to the axis of the body, the result in either case is the same. The capsular ligament is torn along its under side, and the untorn portion is put upon the stretch holding the head of the humerus firmly beneath the glenoid cavity. The conditions are precisely the same in dislocations of the hip joint. With these facts before us how should we proceed to reduce the dislocation? Place the limb in the position it was at the instant when the dislocation occurred, carry it a little farther in the same direction until the untorn portion of the capsular ligament is completely relaxed, lift the head of the bone into place bringing the limb down parallel with the body. If you have never tried this plan you will be surprised to see what little force is required. For years I was in the habit of placing my patient upon his back, sitting down by his side upon the floor, placing my foot in the axilla, grasping his wrist with both hands and pulling the bone into place by main strength and awkwardness. This barbarous and unscientific method I have completely abandoned.

WHY QUACKS PROSPER.—A prosperous quack was asked by a doctor how it was he had so many customers. The quack took him to his window overlooking a crowded street, and said, "what proportion of the people passing do you think are sensible persons, with well balanced minds?" "Perhaps one in ten," was the rejoinder. "Just so," said the quack, "and I get the nine."—*Exchange.*

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Injuries of the Eye.

By G. H. WALL, M. D., Topeka, Kansas.

Read before the Golden Belt District Medical Society at Salina, Kans., Jan. 8, 1891.

Although the eye is protected by the projecting margins of the orbit, the cilia and lids seeming to be more sheltered than any other external organ of the body, it is by reason of its exceptional vulnerability perhaps more liable to be injured than any other. The bruises, cuts or punctures, which, were they inflicted elsewhere, would scarcely excite the attention of the recipient, may easily destroy vision when inflicted upon the eye; even small particles of dirt which would rest on other parts of the surface unnoticed would produce in the eye very lively irritation. Wounds of the eye may be divided into: 1. Contused. 2. Punctured or penetrating. 3. Burns. 4. Incised. Contusions or blows inflicted by some substance which can neither cut nor penetrate may produce rupture of intraocular vessels, rupture of the Zonule of Zinn with dislocation of the lens; detachment of the retina: rupture of the choroid; separation of the iris from ciliary attachment (irido-dialysis), and rupture of the sclerotic coat. When rupture of the intraocular vessels occurs we may have hemorrhage into the aqueous or vitreous chambers. In the anterior chamber this is generally absorbed or if the chamber be more than half full it is advisable to puncture the cornea with a cataract knife to evacuate it. Into the vitreous the effusion is more tardy in disappearing, seriously impairs vision and is little amenable to treatment. I have seen cases of hyphæma, where the anterior chamber was nearly half full of blood, disappear in from three to four days under the application of hot fomentations and perhaps the use of atropine, unless more serious injury occur to the eye. Should the eye become red and painful or vision not return to the standard then we must anticipate more serious injury. Rupture of the Zonule of Zinn with partial dislocation of the lens may be harmless but usually irreparable injury results. A case came under my observation within the past year in which a blow upon the eye caused rupture of the Zonule and luxation of the lens into the vitreous. In those cases removal is very difficult and generally the injury is such that danger of sympathetic trouble exists. Before etherizing our patient, (which I would always recommend in these cases on account of their gravity) to attempt removal it is well to inform him that should you fail in your attempt, it will become necessary to remove the eye; this procedure saves time and trouble to your patient. The lens may be dislocated in ruptures of the sclera, lying outside under the conjunctiva. Rupture of the sclerotic coat usually occurs within or close to the ciliary circle and between the insertions of the superior and external recti muscles. More or less of the iris is generally forced into the rent. I have had a case recently where a rupture of the sclerotic one-fourth inch long at the anterior upper and outer portion was caused by a stick of wood striking the patient in the eye. The conjunctiva was not broken but there was prolapse of the iris. The conjunctiva was opened and iris snipped off when the case made a good recovery. If seen very soon after the injury an attempt should be made to return the iris, but if any length of time has elapsed we should cut off the prolapsed portion. Penetrating wounds are of frequent occurrence, and have different effects according to

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the nature of the instrument, their position, extent and depth. A simple puncture of the cornea is of little consequence, but when the lens is injured traumatic cataract results which is always a serious matter and it may become still more serious if the iris is injured, which generally produces an adhesion very quickly and so hinders the action of atropine upon the pupil. Penetrating wounds of sclera in the region of the ciliary circle are always of great importance and generally lead to removal of the eye, although as good an authority as Noyes says in his latest work "Wounds in the ciliary region are more serious in their possibilities than elsewhere."* But I do not concur in a prevalent opinion that in such cases no attempt should be made to save the eye, lest sympathetic ophthalmia attack the other. On the contrary with aseptic wounds and notably if made by pieces of glass I have many times saved useful vision in the damaged eye. One may wait to observe the kind of reaction set up and whether healing takes place kindly. Moreover the trustworthiness of the patient and his accessibility to good surgical help in case of trouble will determine in many cases the course adopted. This being the so-called "visions circle" any injury here is liable to lead to sympathetic trouble in the other eye. Another class of punctured wounds, in which the substance that inflicted them remains in the eye deserves attention. If the body passes through the cornea into the anterior chamber it should be removed. If it stick to the iris it would be proper to remove the piece of iris with it. If the piece be of steel it may be removed with the magnet. If the material be of some substance which the magnet may not effect then we must make an incision in the periphery of the cornea and endeavor to remove it by means of a small forceps. Cases in which the body passes into the vitreous generally lead to the destruction of the eye unless it is seen early and removal effected when there may be some chance for recovery with at least light perception or retention of the eye for cosmetic purposes. When a foreign body enters the vitreous it may be seen with the ophthalmoscope if the media are still clear. Should the body become encysted it may remain for a long period quiescent without occasioning any disturbance, still this immunity to the injured eye is not certain as it may destroy the eye long afterward by violent inflammation. If the body has entered the eye and the media are clear we should endeavor to locate it with the ophthalmoscope and at the spot where it is believed to be located a longitudinal incision made and an attempt made to get it with a hook, forceps, or if steel with a magnet. Should we be successful the wound in the sclera may be closed with sutures. Should we fail enucleation will be necessary. Should much time have elapsed since the injury it is not advisable to attempt removal. Successful cases have been reported by Hotz and others in which fair vision was obtained after removal of the body but the cases were recent ones. Burns of the eye may come to us at any time. Caustic materials or melted metal are the usual causes of the accident, for instance, lime, nitric or other acid. The most to fear is deep opacity of the cornea and adhesions of the lid to the globe, which is very difficult to remedy, since the destruction of tissue is very great and all the wounds heal by granulation. When the burn is deep nothing can prevent the attachments. By keeping the granulating surfaces pulled apart and the use of sweet oil and an ointment of iodoform and vaseline (℥j to ℥j) we may prevent extensive attachments.

*Page 480 Noyes Diseases of the Eye.

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Several weeks will generally be required to completely heal the ulcer. When called upon to examine an injured eye we should look at it as if we had never seen an eye before and we were trying to find out just how it was made. We should be conversant with the normal appearance of all parts of the eye and be able to tell any alteration from it. Knowledge of what ought to be will call attention to what is. Injuries do not come to us tagged and labelled as do our proprietary medicines, and there is often as much difficulty in diagnosing an injury as there is a disease. The lids should be pulled widely open and examined carefully for cuts, scars and perforations. One should examine the cornea carefully by *focal illumination*, which consists in concentrating the rays of light by means of a strong convex lens. By this manner any haziness or specks on the cornea is readily seen. Many of you, no doubt, are compelled to treat injury of the eyes. If you are not sure of the result there is no better advice than that given by George Sand—"Hope for the best and believe the worst." Before closing there are a few words which must be said regarding the use of astringents or anodynes. Frequently eyes are lost by the use of astringents when anodynes should have been used. There is one astringent that should never be used. It is *acetate of lead*. There is one anodyne which excels all others—atropine. The cases which are injured by atropine when astringents should have been used are few indeed; while those which are injured by astringents when atropine should have been used are mutiplied.

I would say that in any case of injury, when in doubt, *use atropine* until counsel can be called. There is only one condition in which atropine *must not* be used—it is glaucoma. It is a well known fact that the disease can be produced by it in eyes so disposed. Atropine should be used with caution when there is perforation of the globe near the sclero-corneal margin as the dilated iris would be more liable to protrude, than would the contracted one. Atropine should not be used when a foreign body is lodged in the iris or lying loose in the anterior chamber, as it would render it more liable to fall down behind the iris. Having taken up no details of this subject my only aim is to call your attention to what may prove a serious injury, and place you on your guard as far as diagnosis and especially prognosis are concerned. The loss of an eye is a very grave accident to a person and should your prognosis be favorable, and not accomplish that result, you may be sure your patient *will* not feel at all kindly toward you. With the hope that this brief paper will enable you to avoid any of these unpleasant errors, I will close.

717 Kansas Avenue.

In a bill to regulate the practice of medicine, recently introduced in the Oregon legislature, there is a clause providing for the revocation of licenses for unprofessional conduct, which is defined in the bill as follows: First, the procuring, or abetting in procuring a criminal abortion. Second, the employing of what are known as cappers or steerers. Third, the obtaining of any fee on the assurance that a manifestly incurable disease can be permanently cured. Fourth, the willful betraying of a professional secret. Fifth, all advertising of medical business in which untruthful and improbable statements are made. Sixth, all advertising of any medicine or of any means whereby the monthly periods of women can be regulated or the menses re-established if suppressed. Seventh, conviction of any offense involving moral turpitude. Eighth, habitual intemperance.

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A Note on the Changes in the Connective Tissue Net of the Lymphatic Glands,

PRODUCED BY IRRITATIVE INFLAMMATION.

By W. H. BIRCHMORE, M. D., Rochester, N. Y.

WRITTEN FOR THE MEDICAL HERALD.

When the microscope was first applied to cancer study many and wild were the conclusions jumped at from the insufficient premises, but while more careful demonstrations have shown that no one point of difference will justify one in saying a given cell is cancerous; yet the conclusion to which certain persons seem to have come, the tissues undergo no specific changes in disease, is not justified.

Lymphatic glands undergo changes when they are seated in lymphatics running from an unhealthy surface lesion to the cysterna. This unhealthy surface lesion may be inflammatory in the strictest sense, or it may be cancerous. By cancerous is understood a process of nutrition in which the healing process is so modified that the granulation cells remain hetero-morphous, with respect to the part in which they have location.

We will first consider the conditions with respect to inflammation considered in the strictest sense. When the inflammatory action is sufficiently acute or destructive to form pus rapidly, as in a specific venereal ulcer, we find the condition which we call a lymphatic abscess. If the process is very slow, or if it occurs in individuals in whom, by nature or by reasons of the saturation of their tissues by the poison—"alkaloidal product"—of the Bacillus Koch, the inflammatory reaction is slow in pace, insufficient in quantity, or depraved in quality, the result is sometimes spoken of as a "tubercular abscess," a term whose exact intention is not at present established.

But no matter which type the steps of the process may pursue, the function of the lymph gland seems to be the same—to stand sentry on the blood current. To illustrate the relations surrounding, let us consider an innoculation of the virus of chancroid. The fluid we intended to innoculate is examined under the microscope. It contains myriads of bodies of a certain definite smallness—they are all the same size, are all distinctly ovoid, not one bacillus do we find. With all possible precaution we thrust an innoculating needle into the culture, or having lifted the cover, wet it with the material already on the slide, and thrust it into the skin about two m.m. We will call the failure to find anything beyond the ovoid spores, fact the first. It is usually assumed the chancroid has no incubation, but it has one of some hours duration. At the end of about four hours, a distinct hole about a m. m. in extreme size, more likely only one-half of one, will appear. With care a small drop of fluid may be squeezed out. If this is examined we will find the same ovoid spores, a bacillus about 3 m. k. in length, and some cells of various conditions. Some in a condition like glassy swelling, some containing bacilli, and some filled with the ovoid bodies, but no pus.

If we study the discharge carefully, it soon appears that we find no bacilli in the serum (so to say) of the ulcer, but only the ovoid bodies which we will call spore. No baccili are found deep in the tissue, only the spores, and they are often-times found in the lymph current only, and often in the midst of cells, as if the cells had eaten them.

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Now by a series of observed facts we can tell in reference to the life of a chancroid: 1. That the bacilli can live but a limited time, and naturally many observations might be made without finding them. 2d. We infer that the cell contents are quickly redened, unhealthy to individual life, as the spores are so quickly reproduced, even to the filling of the cell. 3d. The swollen condition is due to the osmosis which also frees the spores, not the pressure. 4th. The spore must first make itself fast to the cell wall, then in some way enter in and then grow into a bacillus, more than one generation may be imagined before the bacilli are starved or smother. Finally we conclude that while the products of the life of the bacilli, growing in the cells, hinder the reproduction of bacilli, they do not affect the life of the more numerous spores, and that is the life product in its first stage, which so affects the healthy cell in advance of the growth of the microphyte.

Let us next examine the results in the lymph current. The ptomaine (?) which killed the superficial cells has less result on those in the lymph from dilution, consequently the sentinels and policemen gather in the spores for destruction, instead of yielding to the poison, as did the epithelium. We also meet another difference. We find pus, or meet connective tissue cells which have missed their vocation. From this it appears certain that the phagocytes, the hungry cells, differ in some way from the other.

Let us now examine this fresh section of a lymph gland, removed before suppuration to hinder results it was powerless to prevent. In the field used to illustrate the connective tissue net, and the large beams show themselves from time to time, while the spaces between are full of cells, some containing the spores, some simply pus cells—no changes as yet appear in the connective tissue, nuclei are no more abundant than we might anticipate. This view impressed me with the notion that under certain circumstances the capsule of a lymph gland undergoes distension, while no changes worth mentioning are found in the gland. By this notion I was led to ask the average amount of pus in a bubo. Various amounts, from two drachms to "as much as six ounces" were given, but having measured the amount of pus in a few rather large buboes, I am inclined to think the two drachms estimate much nearer the average than even twice that amount. I have also, with some care, dissected and examined the seats of old boboes, and I am rather of the opinion that the lymph adencitis is more serious than we usually think, and is much less frequent. At least I have examined the chain of lymph glands in a case where much suppuration had taken place, and although there was much tissue plainly cicatricial, it did not touch the gland, nor could I find any evidence on section that any of them had been, so to say, inflamed. The theca, however, was shrunken, and contained much cicatricial tissue. It seems to me, therefore, as if perhaps the gland is crowded by the products of inflammatory action to one side in its capsule, and the capsule undergoing distension is punctured and emptied.

It has so far been denied me to examine a syphilitic bubo. I trust it may come in the future, sometime. In two cases in which I had the privilege of examining the changes produced in the lymphatics of the arm, by disease of the hand of another sort, results so foreign to these were found as rather to impress me with the idea of specific relation in some way. Case one was as follows: A man crushed the ring finger of his left hand in a machine—it did very well for a time. After a while "proud flesh came and the doctor got frightened and cut the finger off way down here (place of election—W. H. B.), and then

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the kernel in my arm began to grow" (verba ipsissima patientis—W. H. B.) I saw him fully ten years after this in company with another older man. At this time the kernel was a tumor as large as an egg. The surface was nodular, but the tumor was as distinctly movable. As the tumor was considered the seat of neural irritation, was evidently not of much, if any use, and the patient wishing to get rid of it, the practitioner removed it. I examined it with some care and although I have made no drawing to illustrate, it might have been the original of nearly any well made drawing of fibro sarcoma. The conviction that this tumor was increasing by a regular growth was distinctly indicated, and if so some portions of it were needfully functionating as the antecedent primary. After much search I made up my mind that all there was left of the original "kernel" was an atom of cicatricial tissue less in size than a 22 ball but which was plainly myxomatous.

Case the second—This case was a woman, a Swede, a farmeress widow for thirty years, age about fifty, two children, sons married, living on adjoining farms. Husband was from Monroe county, New York. The family was very well off indeed. I saw the case in November, 1884. (NOTE—If my memory serves me the interne in St. Luke's showed it to me, my recollection of the whole matter is vague except the fact mentioned in my note book, and my microscopic slides.) The tumor occupied the space represented by the metacarpal bones of the little finger and her sister of the left hand but had grown outward until it was as large again. It was spongy, bleeding easily if handled rudely, but with more careful handling would stand a good deal of pressure but it was painful. On the anterior face of the swelling was a papilla and I was told that a probe would demonstrate dead bone. On the lower side of the arm were two small lumps quite hard but movable. Two hard cords ran from these to the larger lump on the hand. In the hollow above the end of the humerus were three very much enlarged glands, there was also one of very large size in the fore arm, midway between wrist and elbow which to my inexperience seemed fixed. This I was informed was not the case, the lymph path was traceable between the fingers and the first glands as mentioned also between the swellings up the arm for an inch or so, then for a short distance into the lymphatic above the elbow.

The operation was done the next day. The dead bone was only so very hardened a mass of connective tissue. Nowhere was the growth adherent to the tissue of the hand proper only to the skin and the tendon sheath. On cutting down upon the lumps they were found to be hard and nodular. Finally we had dissected out the entire line of vessels and glands. I hardened in bichomat. potass. and after washing in water retained in 95 per cent alch. for a long time. The tumor of the hand was an epethelioma and the lymphatics were tubes of connective tissue of a surprising thickness. The glands were of the usual structure only the cells of the connective tissue framework were in many instances polynucleated, as if nearly ready to set up new lines of growth, at the same time no suggesting of myxoma nor any evidence of colloid change could be found. The adhesion of round cells to each other to form the compound inflammatory body was well illustrated in a number of places. This I have since seen in a number of slides prepared with care from lymph glands irritated by other causes. The other case is more recent, preserved in potass. bichrom and hyd. chlord and cut with the freezing method the staining faculties of the anatomical element are unchanged.

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The Use of the Endoscope in the Diagnosis and Treatment of Affections of the Urethra.

By BRANSFORD LEWIS, M. D., St. Louis, Mo.
Lecturer on Genito-Urinary Diseases at the Missouri Medical College.

Although the endoscope has been in use since the early part of this century, when it was introduced by Bozzini, it has not received from the profession the hearty welcome and universal adoption that many other instruments for diagnosis and treatment have received. At first thought this would seem to indicate that there was something intrinsically wrong with the instrument, which has made it fail to reach the favor of a profession, usually quick to appropriate anything that offers assistance in alleviating the ills of suffering humanity. But I believe that a second thought will recall to our minds the fact that many another instrument of equal or even greater value is not more esteemed and used by the general profession, and yet whose worth is universally acknowledged and felt. How many general practitioners take advantage of the wide-reaching diagnostic benefits conferred by the ophthalmoscope? How many use the stethoscope? The same reason for their limited adoption applies to all; it is simply that they are instruments whose use is relegated to specialists because the general practitioner does not have the time, or at least does not devote the time necessary for learning their use. It is not that he can not, but he does not use them.

The endoscope, as now most generally employed, is a model of simplicity—a tube and an obturator; that is the apparatus which lays the depths of the urethra as plainly before our searching eyes as when we look at the cervix uteri, or the drum membrane through appropriate specula; and places within our therapeutic reach the prostatic, membranous and bulbous parts of the urethra, for direct topical applications with as much certitude and as complete a control as when we apply an ointment to an ulcer of the leg, or an antiseptic dressing to a wound.

As you notice, this endoscope is simply a straight tube with a polished nickel surface to render introduction easy. It is four inches long, caliber 25 (French). Any caliber may be obtained, but I find this to be most convenient.

Although the instrument is without any curve, and is only four inches in length, it is easily capable of passing through the various curves of the canal and reaching to the bladder, a depth, by anatomical measurement of eight or nine inches from the meatus; and this, too, when carefully introduced, without suffering on the part of the patient. I frequently use it in this way without evoking a whit more complaint than would be caused by the passage of an ordinary sound.

In the first place, this short-length tube easily reaches the distance of nine inches, because of the compressibility of the greater part of the urethra. The six or seven inches of the penile portion is capable of being crushed upon itself—telescoped, so to speak—until it is only about two inches long; and the perineal or fixed portion, is usually not greater than about two and one half or three inches. So that a longer instrument than four inches is hardly necessary.

The advantage of the short tube is, of course, the almost inestimable one, that the parts to be studied and treated are brought so much nearer to the eye.

Now it may be thought that the *straightness* of the tube will give rise to diffi-

Read before the St. Charles County Medical Society, at St. Charles, Mo., Feb. 17, '91.

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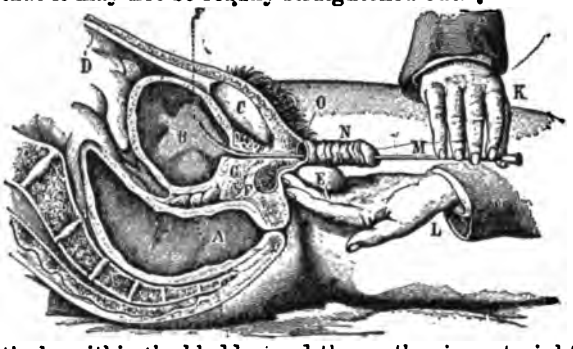
culty in threading this sinous canal; that cannot adapt itself to the curves of the urethra, Well, it *doesn't*; but in entering, it makes the urethra adapt itself to the straightness of the instrument, and by the time the latter has reached the bladder, the usually doubly-curved urethra is as straight as the endoscope. The only part of the urethra that has a fixed curve is the posterior portion, and this curve is not so great that it may not be readily straightened out.



In the accompanying figure, taken from a paper by Dr. O. K. Newell on "A New Principle on the Surgery of the Bladder," Boston *M. & S. Jour.* May 10, 1888, this straightening of the canal may be observed under circumstances that do not shock our sensibilities so much; that is, it depicts the condition brought about by the introduction of the ordinary curved sound. You see the curved part is entirely within the bladder, and the urethra is as straight as when it contains the endoscope.

The curved end is only serviceable in facilitating the introduction of the instrument; after it is once in, there is no further object for it to fulfill. Now if we can dispense with this curve and still get our instrument in without causing pain or doing damage, we have lost nothing that was essential, and at the same time we have gained something that is essential for endoscopic purposes. This facility of introduction of the straight tube, I claim as a fact easily demonstrated by practice. If there is acute sensitiveness of the urethra, objection will be made to the introduction of a curved instrument as well as a straight one; and the objection to the use of the one, as well as the other, is done away with by the use of cocaine.

The manner of introducing the straight instrument varies but little from that for the curved. Simply push it in until the inner end penetrates the triangular ligament; then as the instrument progresses, bring the outer end gradually downward, at the same time making the inner end hug the roof of the urethra tightly in order that it may keep in the axis of the ascending curve in this neighborhood. When it has entered to the desired depth, the obturator, that has served to protect the mucous membrane from injury by the rather sharp edge of the endoscope, is withdrawn, the light is thrown in, the field is mopped dry with absorbent cotton, viewed and treated at leisure. Now as to the need of going to the trouble of introducing and treating through an instrument of this kind, instead of making use of the time-honored syringe, or of the more modern devices, antrophor, the gelatin bougie, etc. To better illustrate, I will recall, to your minds a few points with regard to the anatomy of the urethra. As you remember, the canal is divided anatomically and physiologically into the anterior and posterior portions; this division being made by the compressor urethræ, or "cut-off" muscle, which lies just back of the bulb. This muscle is one of the sphincters of the bladder. Except when voluntarily relaxed for urination, it remains constantly closed, preventing either the passage of urine from the bladder, or the entrance of fluid from

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without. It is on account of this muscle that we cannot, without using an undue amount of force, causing pain to the patient, inject fluid into the bladder after simply introducing the nozzle of a syringe into the meatus urethræ. The fluid flows in very easily until it reaches the muscle, when it is stopped short, unless an excessive and injurious amount of force is used. Consequently, for the treatment of this posterior portion we must acknowledge that the use of the old time syringe will not help us; we must use some means that will enable us to get behind that muscle, and in getting behind it, do no damage to the tissues. I may say, parenthetically, that *chronic* ailments of the urethra, in which this paper is especially interested, are not uncommon in this posterior portion, so that the necessity of reaching this part is obvious.

I shall not take up much time in explaining why I geneally prefer the endoscope to other devices used for making a diagnosis of chronic urethral effections. The advantages of positive ocular demonstration of the disease, which the endoscope offers, are overwhelming. We look at the affections, and see its character, its intensity, its conformity, its extent—all about it. There is no room left for ambiguity or uncertainty. It is like opening the belly and making a diagnosis of an abdominal affection in that way, after having speculated on the probabilities of this and that for weeks or months.

So much in favor of the instrument from a diagnostic point of view. When we treat the urethra by means of a syringe, antrophor, irrigator or medicated bogie or sound, we are not confining our treatment *only* to the part or patch affected, but we are medicating, cauterizing or stimulating, as the case may be, mucous membrane that is healthy and we are running the risk of bringing *that* into a pathological state. Such means do not admit of limiting their effects to the diseased area. But with endoscope we are able not only to diagnose intelligently and postively, but we are able to treat intelligently, limiting our medication absolutely to the effected patch, tubercle, polypus or whatnot.

Urethral inflammation in its early and acute stages has this peculiarity—an inclination to diffuse itself over the membrane; while chronic inflammation has the opposite peculiarity—an inclination to limit itself in patches. For example, acute gonorrhœl inflammation spreads over the entire anterior urethral mucous membrane eroding, and destroying its epithelial layer. With convalescence this epithelial layer is regenerated and again lines the membrane. If the conditions are not propritious, the epithelial layer is not regenerated entirely and recovery is not complete; patches of uncovered membrane are left, maintaining an unhealthy condition and keeping up a discharge of muco-purulent material—the condition commonly called gleet. If the patches are confined to the anterior urethra, such a secretion usually shows at the meatus as a discharge, and is recognized as a gleet by both patient and physician; if they are in the posterior urethra, the cut off muscle prevents the discharge from going forward to the meatus and the inflammation may go on smouldering away, causing varous obscure effects, such as frequency of urination, painful and hyperæsthetic sensations about the bladder and prostate, frequent seminal emissions, reflex nervous troubles, etc., that convince the patient that he is not yet well, but fail to enlighten him, or perhaps his medical attendant also, as to the real nature of the difficulty. Such a patient may be considered a hypochondriac, or a

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neurasthenic. No discharge, no gleet; no disease—is a conclusion wholly untenable if the endoscope be brought into play under such circumstances.

By means of a cotton tipped probe we apply nitrate of silver solution, which causes a rapid reproduction of the epithelial layer and prompt recovery. And we can conscientiously feel that we have diagnosed and treated the case in a rational, intelligent and legitimate manner, and have not waisted time on shot-gun injections which have the sole recommendation that they have cured other cases of urethral inflammation—a very delusive recommendation, to say the least.

The method of using the endoscope is not complicated. Have the patient half-reclining in the surgical chair, with a bright light at his side. Introduce the instrument, withdraw the obturator; look through your head-mirror, which reflects the light into the endoscope. Mop away any secretion or blood which may present, so that you can get a still better view. By gradually withdrawing the tube, mopping from time to time, you can examine the membrane of the entire urethra; and after making such an examination, you can likewise treat any part of it.

It is a well recognized fact, that although the urethra cannot stand the application of strong nitrate of silver solutions when injected in quanity, as for instance with the ordinary syringe, by the endoscope method, by which the fluid is confined to limited areas, solutions as strong as sixty grains to the ounce are used without damage, or an excessive amount of pain. I feel vastly more safe in using strong solutions by this method than I do in using much weaker ones with the deep urethra syringe.

If much pain is anticipated or complained of, it is easy enough to quiet it with preliminary cocainization.

For applicators I have made use of copper wires about six inches long, roughened at both ends, to hold the cotton the better.

I usually begin with nitrate solution of only moderate strength, say from fivo to ten grains to the ounce, gradually increasing, according to the case at hand.

The treatments are administered about two, or possibly three, times a week.

If it is intended to go as far back as the prostatic portion, it is well to have the patient pass water before-hand to prevent any flooding of the operator through the endoscopic tube.

The larger the endoscope used, the better the view obtained.

1006 Olive St.

Opinion of the Supreme Court

IN THE CASE OF HATHAWAY vs. THE STATE BOARD OF HEALTH, DELIVERED FEB. 2, '91.

The Relation of Medical Advertising to the Medical Practice Law of Missouri, and the Powers and Duties of the State Board of Health in Regard Thereto.

STATE *ex rel*, JAMES HATHAWAY, *Relator, vs.*
THE STATE BOARD OF HEALTH, *Respondents.*

This is a proceeding commenced in this court by mandamus to compel the respondents, who constitute the State Board of Health, to issue to Dr. Hathaway, the relator, a certificate to practice medicine.

I. The first question is one of pleading. The petition for the writ after alleg-

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ing that the relator was a graduate of a medical college in good standing and that he presented to the respondents his diploma and the respondents found the diploma to be genuine, and the college in good standing, proceeds to state in substance, that the respondents refused to issue him a certificate "upon the alleged and only ground that relator's method of advertising himself as a specialist in the treatment of private blood and skin diseases was dishonorable and unprofessional, and that by such advertising he was guilty of unprofessional and dishonorable conduct; but relator denies that he was guilty of any unprofessional or dishonorable conduct in and by such advertising or in any other manner, and relator charges the truth to be that said defendants, as such board, have knowingly issued certificates to divers physicians and surgeons who are and claim to be specialists and advertise as such in the same manner as relator," and that the board "in refusing to grant to him a certificate were and are actuated, governed and controlled by prejudice, bias, caprice and partiality, and wantonly refuse to issue such certiffcate to relator," etc. These statements concerning the reason why the board refused to issue a certificate and bias and prejudice on part of the board were not set forth or recited in the alternative writ.

To the writ the Secretary of the board, for want of means to engage counsel it seems, made return, This return concedes that the relator had and held a diploma from a medical institution in good standing, and it goes on to state that the relator was heard in person and by counsel, and on the 11 July, 1889, the board refused him a certificate because he was found guilty, on charges duly preferred, of unprofessional and dishonorable conduct in the habitual publication of advertisements which in the opinion of the board tended, and were designed to mislead and deceive the public and impose upon sick and credulous persons by impossible claims of the treatment of diseases, and for the further reason that he was then engaged in the practice of medicine without a certificate and in defiance of the law. The return further states that the respondents "in their further endeavor to faithfully and impartially discharge their sworn duty under the law" were guided by the ruling of this court in the Granville case, 83 Mo. 123. To this return the relator made answer, in which he sets up, among other things, the matter stated in the petition and which were not recited in the alternative writ. The respondents filed no reply to this answer, and the claim is now made that those matters stated in the answer stand admitted, and that a peremptory writ should be issued on the face of the pleadings. The statute, it is true, provides in substance, that the respondent shall make return to the alternative writ, that the relator must plead to or traverse the return, and that the respondent shall then reply, take issue or demur. Still the alternative writ is in our practice the first pleading, and it takes the place of a petition in an ordinary common law action. Handbright v. Town of Dexter, 89 Mo. 190; High on Ex. Legal Rem. Sec. 537. The writ should set forth all the matters stated in the petition, so that the respondent will be informed of the grounds upon which the relief is asked. State ex rel. etc., v. Everett; et al., 52 Mo. 94; High on Ex. Legal Rem. Sec. 238. In view of the fact that the pleadings are informal on both sides, and of the further fact that the return was evidently made in view of the matters stated in the petition, we are of the opinion no undue advantage should be awarded the relator, because he has set up matters in his answer which was stated

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in the petition and should have been recited in the writ. When we look to the re lator's pleadings, taken all in all, we find that he asserts in substance that the board denied him a certificate because he advertised his business in a manner which the board found to be unprofessional and dishonorable, when he was guilty of no such conduct, and that the board in refusing him a certificate acted from prejudice, bias and partiality. On the other hand the respondents say they refused him a certificate because he was found guilty of dishonorable and unprofessional conduct in his method of advertising, and because he persisted in violating the law by practicing medicine without a certificate, and that in refusing the certificate they endeavored faithfully and impartially to discharge their duties, guided by a former ruling of this court. While the return contains no specific denials in terms of the matters stated in the petition and writ, still the matters thus stated in an affirmative form in the return do deny all the matters of substance alleged by the relator; and this form of a denial must be held to be sufficient. Jordan v. Brookmeyer, 97 Mo. 97, and especially so when as here there has been no effort to bring the pleadings to a formal presentation of the issues.

II. The facts bearing upon the merits of this case, as gathered from the pleadings and exhibits before us are these: Hathaway and Dr. Boyd began the practice of medicine in this state as specialists, without first having procured certificates under the statute concerning the practice of medicine and surgery. We infer from what is said that prosecutions had been commenced against them, or complaints lodged before the board of health. Under these circumstances they applied to the board for certificates. They presented in due form genuine diplomas issued by medical institutions in good standing; but the board after hearing them in person and by counsel, made the following order on the 11 July, 1889: "After due deliberation and upon full consideration of the matter, the board by unanimous vote refused certificate to * * * and James N. Hathaway, for unprofessional or dishonorable conduct, consisting in the publication by them of advertisements in the public press of St. Joseph, Mo., during the present year, said advertisements in the opinion of the board being of a character that tended to mislead and deceive the public, to wrongfully impose on the fears, weakness or ignorance of the sick or credulous, and to defraud the people by false and impossible claims in regard to the treatment of disease." Hathaway again appeared before the board in person and by attorney on the 21 January, 1890, when the board made this order: "After due consideration of the matter the board by unanimous vote declined to accede to the request, and refused a certificate to Hathaway for unprofessional or dishonorable conduct." Between the dates upon which the foregoing orders were made, Boyd modified his advertisement so as to meet the approval of the board, and a certificate was issued to him; but the modified advertisement presented by the relator was not satisfactory to the board. The answer of the relator gives a copy of these modified advertisements but the record does not contain a copy of the advertisements upon which the board made its first ruling. By Section 6878 of the Rev. Stat. 1889 it is enacted that "The State Board of Health may refuse certificates to individuals guilty of unprofessional or dishonorable conduct, and they may revoke certificates for like causes, after giving the accused an opportunity to be heard in his defense before the board." This section of the statute imposes upon the board duties which

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are quasi-judicial in their character. The question whether the applicant is guilty of unprofessional or dishonorable conduct calls for the exercise of judgment and sound discretion. It is a question as to whether the board must hear the evidence and pronounce a conclusion. The principle of law is well settled that mandamus will not lie to review official acts which require the exercise of judgment and discretion. Mandamus may be awarded for the purpose of requiring such officers to proceed and act upon such matters, but does not lie to direct or control the conclusion to be reached. The respondents heard the relator's application and decided that he was not entitled to a certificate, because guilty of unprofessional and dishonorable conduct, and that decision cannot be brought here for review by this proceeding. The case of State ex rel. Granville v. Gregory, 83 Mo. 153, is in point and disposes of the question in hand. Other courts have expressed the same views under statutes quite like our own. State of Minn. ex rel., etc., v. State Medical Examining Board, 32 Minn. 324; People v. Dental Examiners, 110 Ill. 180. See also Allbutt v. The General Council of Medical Education and Registration, 23 Law Rep. 400, Queen's Bench Div. There are some limitations upon the rule just stated; for if the board of health should exercise its powers with manifest injustice, then the courts may and will control the abuse of authority by the writ of mandamus. Illinois State Board of Dental Examiners v. People, 13 N.E. Rep. 201. As the legislature has not defined what is "unprofessional or dishonorable conduct," those words must be understood to mean such conduct as would in common judgment be deemed unprofessional or dishonorable. In determining whether a party is guilty of such conduct there is a broad field for the exercise of judgment and discretion by the board and within which the finding of the board is conclusive. The board of health has no right to prescribe a code of medical ethics, and then declare a breach of that code unprofessional and dishonorable conduct; nor has it the right or power to deny to physicians the right to advertise their profession in the public press. The respondents make no claims of any right to do any of these things. Their claim is that advertisements which tend to mislead and deceive the public constitute unprofessional and dishonorable conduct, and in this they are within the perview of the law. If, however, a physician will, in his advertisements, throw out inducements to patients to submit to treatment, then the matter is within the exclusive jurisdiction of the board. We are not furnished with a copy of the advertisements upon which the board made its first ruling. The burden, however, is upon the relator to show that the ruling of the board is manifestly unjust. The proof offered to show prejudice and bias on the part of the board is the fact that a certificate was finally issued to Boyd but refused to relator. Boyd modified his advertisement so as to avoid the objectionable features and meet the views of the board, as the relator did not do. We see no evidence of prejudice on the part of the board. Indeed, it must be remembered that the relator came to this state and began the practice of medicine without any certificate. So long as he thus knowingly bid defiance to the law, he was not entitled to one. The board of health is charged with the performance of important discretionary duties, and the performance of their duties will not be hampered by mandamus until a case of manifest injustice is shown. The relator has not made out such a case. Peremptory writ denied.

All concur. F. M. Black, J.

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OBSTETRICS AND GYNECOLOGY

EDITED BY F. G. THOMPSON, M. D., C. M.,
ST. JOSEPH, MO.

What I Have Learned to Unlearn.—Dr. Wm. Goodell (*Med. News*) says: —I have learned to unlearn the grandmotherly belief that the climacteric is in itself an entity, and that, as such is responsible for most of the ills of matronhood, and especially for that of menorrhagia. True, it must be conceded, that as an entity it does seem to disturb the vaso-motor system, and through it to cause many severe perturbations, such as tinglings and numbness, and sweating of the skin, flushes of heat and shivers of cold, emotional explosions, and a large group of hysterical symptoms. It can also lay claim to being an important factor in the causation of insanity. Yet, contrary to the prevalent lay and professional belief, how rarely can true uterine hæmorrhages or other uterine discharges be traced to the climacteric ac a cause itself. Yet many a poor woman has lost her health, her life, indeed, by her own and her physician's traditional belief that her hæmorrhages or other vaginal discharges are critical, and due to the "change of life" as it is popularly called—a misnomer which too often leads to indolent diagnosis and slovenly therapeutics.

I have learned to unlearn the teaching that woman must not be subjected to a surgical operation during her monthly flux. Our forefathers, from time immemorial, have thought and taught that the presence of a menstruating woman would polute solemn religious rites, would sour milk, spoil the fermentation in wine-vats, and do much other mischief in a general way. Influenced by hoary tradition, modern physicians very generally postpone all operative treatment until the flow has ceased. But why this delay, if time is precious and it enters as an important factor in the case? I have found menstruation to be the bery best time to curette away fungous vegetations of the endometrium, for, being swolen, then, by the afflux of blood, they are larger than at any other time, and can more readily be removed. There is, indeed, no surer way of checking a menorrhagie or of stopping a metrorrhagia than curetting the womb during the very flow. While I do not select this period for the removal of ovarian cysts, or for other abdominal work, such as the extirpation of the ovaries, of a kidney, of breaking up intestinal adhesions, etc., yet I have not hesitated to perform these operations at such a lime, and have never had reason to regret the course. The only operations that I should dislike to perform during menstruation would be, those involving the womb itself—such as the removal of uterine fibroid, or a partial or a complete hysterectomy, and the various operations for uterine cancer, etc. This exception is based upon the danger of hæmorrhage arising from the increased vascular tension and pelvic hyperæmia, which exist during menstruation. This is well shown in fibroid tumor of the womb, in which this increased vascularity causes a corresponding increase in the size of the tumor itself. For obvious mecahnical reasons, it would also hardly be wise to sew up the torn cervex of a menstruating womb.

I have learned to unlearn that anteflexion and anteversion in themselves—that is to say, as displacements merely, and without narrowing the uterine canal—are necessarily pathological conditions of the womb. Text-books speak of them as such,

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and exhibit many ingenious forms of pessaries devised to rectify these so-called displacements. But very rarely indeed do I have to resort to them, and then only to a stem-pessary in anteflexions; for I find in almost every virgin or barren woman that the womb in varying degrees is either bent forward or tilted forward, and is apparently resting on the bladder. The mistake made, as I have more elaborately shown in my "Lesson in Gynœcology," is in attributing to this natural position of the womb the various forms of pelvic trouble, especially that of irritability of the bladder, to which women are so liable. But the sympathy between the brain and the bladder is a remarkably close one—so close, indeed, that some physiologists contend that "every mental act is accompanied by a contraction of the bladder." The irritability of the bladder thus becomes one of the first symptoms of nervousness, to which everyone is liable. Many a lawyer before pleading an important case, and many a clergyman before delivering a discourse, is compelled from sheer nervousnes to empty his bladder. So it is with the lower animals, which, when frightened, micturate involuntarily. A nervous bladder is, then, one of the earliest phenomena of a nervous brain—for nervousness means a deficient control of the higher nerve-centers over the lower ones—a lack of brain control. Now, a hysterical girl, or a woman whose nervous system has given away under the strain of domestic cares, consults the physician for such ordinary symptoms of nerve exhaustion as wakefullness, utter weariness, a bearing-down feeling, backache, and, perhaps above all, an irritable bladder. Upon making a digital examination, he usually finds the fundus of the womb resting on the bladder where it naturally should rest. At once he jumps to the conclusion that the whole trouble is due to pressure of the womb on the bladder—viz.: to the existing natural anteversion or to the anteflection, as the case may be. Enticed away by the vesical lapwing from the bottom factor--the shattered nerves—he now makes local applications, and racks his brain to adapt or devise some pessary capable of overcoming the supposed difficulty, heedless of the dilemma that the upward, or shortening, pressure of the pessary on the bladder, must be greater than the counter, or downward pressure of of the womb, to which he attributes the vesical irritability.

In the lying-in-chamber, the fear of septicæmia will ever haunt me, but I have long since abandoned the idea cherished by that class of waistless and witless nurses, now hapily obsolescent, that the parturient woman is to be swathed like a mummy and kept as immovable. What earthly harm can accrue to a woman, after a natural labor, if she turns over from side to side, sits up in bed, or even gets up to use the commode, if she feels like it, I cannot see. Natural labor is a physiological process, not a pathological one, but tradition has thrown around the the lying-in bed a glamour of mischievous sentiment. In relation to this let me express my disbelief that mammary abscess comes from "caked" breasts, or from breasts over-distended from a secretion of milk too great for the infant's needs. Mammary absces, in the suckling woman comes in my opinion, from cracked nipples, and from cracked nipples alone. In proof of this let me ask my readers if any one of them ever had a case of mastitis after a miscarriage, or one of gathered breasts following a stillbirth—always provided the breasts were let pretty much alone so far as pumping and sucking are concerned, Under these circumstances the unsucked and unpumped breast will swell up and grow painfully hard, but it

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will not inflame or suppurate. Let me not be understood as saying that an over-distended breast should not be relieved by sucking or pumping; but the means employed for this relief must be so sparingly used, and at such long intervals, as not to crack the nipples. This immunity from mammary abscess after miscarriages and stillbirths is attributed by the physician to his local applications of belladonna, or other milk-drying drugs. But it comes from the absence of the exciting cause of cracked nipples—the sucking child.

Long ago I came to the conclusion that the womb, like the nose, had its own secretions; and that, because the cervical canal is stopped up with mucous, it is not to be treated any more harshly than a stopped up nose. I was led to this belief from seeing very many cervical canals wholly closed up, even destroyed by the the remedies applied to get rid of this mucous. Then again I found that, just as the nose secretes abundantly under the stimulus of the emotions, so the womb secretes more actively under the stimulus conveyed to impressionable nerves—so much so indeed, that leucorrhœa is a common adjunct to nerve-prostration, and is then relieved by the cure of its cause. This nasal analogy led me soon to think that even uterine catarrhs are not of such paramount inportance as to to merit heroic treatment, and that metritis and endometritis, in so far as symptoms are concerned, are often idle words. The mucous of a uterine catarrh is in quality very much the same as the mucous of a nasal catarrh, and its secretion itself is no more weakening. It is not a disease in itself, but merely the symptom of a disease. It is not, therefore, that highly vitalized fluid, the loss of which, according to the traditional belief of a great majority of physicians, and of all women, saps the very citadel of life, brings on decrepit and premature old age, and hastens the victim to an untimely grave. This widespread error is a relic of mediæl ignorance, which believed in the existence of two seeds—the male and the female semen—and their mixture to insure conception. Hence leucorrhœa has erroneously come to mean pretty much the same thing as spermatorrhœa—a belief fostered by cunning quacks, who know how largely sex and sexuality make up our being and influence our credulity, As a corollary to this, let me add, that I have wholly freed myself from the belief that cellulitis is at the bottom of most female ailments, and that the hot-water douche is its cure-all. My experience teaches me that, save in some cases of active congestion or of acute inflammation of the pelvic organs, the hot douche is of questionable utility, and that its indiscriminate employment has done far more harm than good, especially when continued for any length of time. I cannot withhold the opinion that, from its use both ovaritis, salpingitis and peri-uterine inflammation, have actually been set up by the overheating and the subsequent chilling of the pelvic organs. The crucial test of surgical research, which cannot be gainsaid, has shown that cellulitis is almost a myth, and that what have long been deemed exudation tumors and inflammatory deposits in the areolar tissue, are tubal and ovarian lesions.

I have learned to unlearn the idea—and this was the hardest task of all—that uterine symptoms are not always present in cases of uterine disease, or that, when present, they necessarily come from the uterine disease. The nerves are mighty mimics, the greatest of mimics, and cheat us by their realistic personations of organic disease, and especially of uterine disease. Hence it is that even seemingly

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urgent uterine symptoms may be merely nerve-counterfeits of uterine disease. I have, therefore, long since given up the belief, which with many amounts to a creed, that the womb is at the bottom of nearly every female ailment.

Nerve-strain, or nerve exhaustion, comes largely from the frets, the griefs, the worries, the carks and cares of life. Yet, although the imagination undoubtedly affects it, it is not a mere whim or an imaginary disease, as all healthy women and most physicians think, but it is the veriest of realities. When some flippant talker or some slipshod thinker scoffs at nervousness as a sham disorder, I say to him: "Can the bribe of a principality keep you from blushing when you are ashamed, or from blanching when you are afraid? Under the flitting sense of shame or fear, these vaso-motor disturbances are momentarily beyond your control; and so they are in the nervous woman, whose vital organs are, as it were—not transiently, but —perpetually blushing and blanching under deficient brain-control over the lower nerve centres." Strangely enough, the most common symptoms of nerve-disorder in women, are the very ones which lay tradition and empiricism attribute to womb disease. They are, in the order of their frequency, great weariness, and more or less of nervousness and wakefulness; inability to walk any distance, and a bearing down feeling; headache, nape-ache, and back ache; scant, painful, delayed or suppressed, menstruation; cold feet and an irritable bladder; general spinal and pelvic soreness, and pain in one ovary, usually the left, or in both ovaries. The sense of exhaustion is a remarkable one; the woman is always tired; she passes the day tired, she goes to bed tired, and she wakes up tired, often, indeed, more tired than when she fell asleep. She sighs a great deal, she has low spirits and her arms and legs become numb so frequently that she fears palsy or paralysis. There are many other symptoms of nerve-strain, but since they are not so distinctively uterine, and therefore not so misleading. I shall not enumerate them. Now let a nervous woman with some of the foregoing group of symptoms, recount them to a female friend, and she will be told that she has womb-disease. Let her consult a physician, and ten to one he will think the same thing, and diligently hunt for some uterine lesion. If one be found, no matter how trifling, he will attach to it undue importance, and treat it heroically as the peccant organ. If no visible disease of the sexual organs be discoverable, he will lay the blame on the invisible endometrium or on the unseeable ovaries, and continue the local treatment. In any event, whatever the inlook or the outlook, a local treatment is bound to be the issue.

They Know a Good Thing When They See It.

CANTON, OHIO, FEB. 27, 1891.

The Medical Herald, St. Joseph, Mo.:

DEAR SIRS:—The February copy of your valuable journal just received. You are certainly to be congratulated upon the fine appearance of your journal, which redounds greatly to the credit of its management. Please extend our thanks to Dr. Fred G. Thompson, of your city for his complimentary notice of the Yale Surgical Chair. We are glad he is pleased with the same. Trusting you will meet with great success this year and that the circulation of your journal may continue to increase, we remain, respectfully yours, CANTON SURGICAL & DENTAL CHAIR CO.

O. HOEFFER, Sec'y.

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GENERAL SURGERY.

Digital Syphilis of Medical Practitioners.—A correspondent in the *Southern Medical Record,* January, quotes Dr. Fessenden N. Otis, of New York, in regard to the occurrence of an intractable sore on the finger of a surgeon or accoucheur due to syphilis. Whenever a sluggish lesion in this situation presents itself, he always suspects specific infection, and narrates a case illustrative of some of the difficulties that surround a conclusive diagnosis. About two years ago, he chanced to be at Lakewood, where he saw a gentleman going about with his fingers wrapped up in a handkerchief. The latter gentleman was a surgeon of large practice in a Western City, and having been introduced to Dr. Otis, shewed him a finger that had been troublesome for some months, dating back to the time of a certain surgical operation, in the course of which his finger had been cut with a knife. The operation was an ordinary hare lip operation, on a young German girl, for removal of a lesion that was regarded as cancer of the lip. A sore soon after appeared Recognizing the possibility of causal relations between this sore and the lip lesion of the German girl, the finger was laid open down to the bone and scraped, dressed antiseptically and put in a plaster bandage. He had at the time a suspicious eruption, and some of the glands were enlarged, but not the epitrochlear. He was put on mixed treatment, and as he was quite unable to do any professional work, was advised to go abroad. He went to England, and while there consulted Sir Henry Thompson. The latter examined the patient, and his finger and eruption, carefully, and denied the existence of syphilis in the case; he advised him to throw away his medicines and go home. He returned to this country and related the circumstances of his visit to the London surgeon to Dr. Otis, who strongly recommended him to hunt up the German girl upon whom he had operated. He did so, and subsequently reported that she had developed unmistakable symptoms of secondary syphilis.

At the Hunterian Society, recently, Mr. C. J. Symonds stated that he had known of as many as five medical men with genuine Hunterian chancre of the finger, acquired in obstetric practice. He has known amputation of the affected finger to be performed where the joint was much endangered; but he had not yet found this measure needful. If the sore be thoroughly scraped and cauterized with acid nitrate of mercury, the bone and the joint will most likely be saved.

Electro-puncture in Chronic Hydrocele.—According to Dr. W. Zuelzer this method of treatment, from which so much has been expected, has gradually lost ground, owing to the fact that recurrences took place in the vast majority of cases in which it was employed. Among the author's cases permanent recovery was observed in only one instance, although the application was made twice. He thinks, however, that the method is applicable in cases where the patient is so greatly debilitated that irritant injections or the radical operation are contra indicated. Electro-puncture is preferable to simple puncture, in that it is fee from any ill effects; and this is due to the fact that the absorption of hydrocele fluid takes place slowly and gradually. The author employs two platinum needles, which are coated with an insulating layer up to the point. Both are inserted, as far apart as possible, into the sac of hydrocele, connected with a constant battery; a

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current having a strength of three, or at the most four, milliamperes is passed through them. The sittings should not exceed two or two and a half minutes During the application active vermicular contractions of the scrotum are observed. The pain is inconsiderable if the current is not passed through for too long a period. In many cases after the removal of the needles, and careful closure of the punctures, a gradual diminution of the tumor ensued. Occasionally œdema of the scrotum occurred during the first few hours, which rapidly disappeared. Within eight days the fluid has been entirely absorbed, and by the employment of proper bandages and a snugly fitting suspensory its reaccumulation can be prevented for a long time—in some of Zuelzer's cases for as long as six months. One of the advantages of the method is the rapidity with which it excites absorption, the quantity of urine being materially increased during the first twenty-four hours after the operation. In all the cases the inner surface of the sac was found covered with coagula as early as the first day, so as to be no longer transparent, and even when the fluid reaccumulated the characteristic translucency was never as marked as before.—*Journal of Cutaneous and Genito-urinary Diseases.*

Macewen's Operation for Hernia.—The mode of operating by Macewen's methd differs from others, first, in the treatment of the hernial sac, and second, in the closure of the hernial opening. The hernial sac is first completely isolated in inguinal hernias, not only in the region of the testis and spermatic cord, but also along the inguinal canal. After the isolation of the sac is completed as far as the internal ring, the operator separates, with the index finger, the parietal peritoneum in the vicinity of the ring to the extent of one-half inch from the fascia transversalis, at the same time finding the relationship between the canal, the cord, and the epigastric artery. A sort of peritoneal free pocket is formed behind the anterior abdominal wall, intended for the reception and adhesion of the cushion formed of the hernial sac. If the sac be empty or the contents reducible, it need not be opened. Adherent contents are treated in the ordinary way after opening of the sac. Adherent and irreducible omentum is ligated en masse and the stump dropped into the abdominal cavity. If the sac be large, part may be removed, and the remainder used for the Macewen cushion. The hernial cushion is formed, and its fixation in the abdominal side of the hernial ring occurs as follows: A catgut button suture is passed at the summit of the empty sac, and one end of the suture is allowed to remain long. This suture is passed through an ordinary surgical needle and this suture is passed continuously through both of the walls of the sac, extended tense, as far as the external ring. The surgical needle is now replaced by a Macewen hernia needle, by means of which the suture is passed along the upper wall of the inguinal canal, and on the internal aspect of the abdominal wall, through this about one inch above the inguinal canal from within out through the abdominal parietes, so that the ends of the suture may, if the upper angle of the wound in the skin is drawn upward, come forward without perforating the skin. The Macewen needle is now removed, and by pulling and shifting from without inward the hernial sac is converted into a folded (curtain-like) cushion which comes to lie on the abdominal side of the internal abdominal ring which is to be closed. The suture is fastened by passing several times through the muscle, or by tying

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suture. And though the sac is removed from the canal, it is still preserved as a supporting cushion for the abdominal wall.

The second important act, is the union of the walls of the inguinal canal with Macewen's quilt suture. The conversion of the cylindrical into a valve-like canal. The hernia needle is threaded with a thick catgut suture, while the index finger of the left hand is passed along the internal surface of the abdominal wall through the canal. The sutures are passed from without inward, and brought out somewhat higher up from within outward, through the internal wall of the inguinal canal (that is the conjoined tendon of the transversus and the oblique internus). Both ends of the suture corresponding to the internal punctures are passed through the external abdominal wall, one through the ligament pouparti, and the upper one through the musculus transversus obliqus internus, and aponeurosis of the externus. By drawing on the sutures the walls of the canal are brought into apposition. Before tying it is necessary to note that the spermatic cord has not been included in the suture or the sheath of the rectus; the latter would, by tension, prevent firm union of sutures. In large inguinal canals a second quilted suture may be necessary. The patient is allowed to remain quiet for six to eight weeks; a bandage is not worn, as a rule. In congenital hernias, where the cord cannot be separated from the sac, Macewen separates the former by two longitudinal incisions, by incising the processus vaginalis transversely above the testis. Anthyr has utilized Macewen's ideas in congenital umbilical hernia in that he has, after removing the epidermis with forceps and scissors, drawn the whole hernial sac inward and placed it on the posterior aspect of the abdominal wall, and then closed the hernial opening with rows of suture. The abdominal wall is thus not opened, except by the entry of suture.—*Beilage z. Centr, f. Chir., Annals Surgery.*

Old Age and Surgery.—In a recent number of the *Medical News* we find an interesting paper on old age as a factor in surgery, by N. F. Graham, M. D., of Washington, D. C. The changes in the tissues and organs of the body which accompany old age are believed, both popularly and by a large part of the profession, to constitute almost impassible barriers to recovery from surgical diseases of a grave nature. This idea is being greatly modified by the profession, and people are beginning to appreciate that old age of itself does not necessarily imply that there is little power to recover. Briefly stated, the changes which occur with age are as follows: The cells become smaller without change of structure; the spleen and lymphatic glands, as well as the villi and glands in the digestive tract, diminished greatly in size. Later on we have fatty degeneration of the muscles, nerves, vessels and glands, and calcareous deposits in the muscles, ligaments, cartilages, heart and blood vessels; at the same time these changes work a gradual impairment of all the functions of the body. In inflammation the same changes take place in the cells and blood vessels as in younger subjects, although the cellular elements are lesser in size. The cellular structures of the old will return to the embryonic state; though not so quickly as in younger subjects, yet with as much certainty. While the other nurtitive forces are falling, those connected with repair remain in quite a good condition. As there is a strong tendency to diseases of the heart and vessels, shock is not so well borne, and the reaction from it is but

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feeble and slow. If, however, the heart and nerves are found sound, and the pulse is firm and regular, there need be no hesitation in operating. Aside from this, there are certain conditions of the body which give the aged a positive advantage over the young. Excitability is lower and slower. They are not so liable to hæmorrhages, whether primary or secondary, or to acute inflammatory troubles. Sensation is more obtuse, and they are therefore not as subject to acute nervous affections, such as tetanus and painful muscular spasms, as are younger subjects. Though the number of cases of surgical disease requiring operation after the age of seventy is not large, yet, when they do occur, operative measures are apt to be declined on the plea of old age; but if the patient's general condition is fairly good, and there is hereditary tendency to long life, the plea is a very poor one, whether the object of the operation be to prolong life or to relieve suffering. The aged tolerate pain better than the young, and they endure operations for pathological conditions, such as the removal of tumors, cancers, etc., very well, because there is a certain tolerance to the gradual change and tissue metamorphosis which render the operation necessary. They do not recover from wounds so rapidly, because the tissues are more rigid and the softening process of inflammation is slower. Tissue-genesis predominates over suppuration, and there is less waste from pathological conditions. The tissues being less excitable, the process of repair can take place more readily, and the recuperative powers are improved. To sum up, the greatest danger to the aged from surgical operation lies in shock, and if the patient rallies the prognosis may be considered good, so far as repair is concerned.—*Editor, Weekly Medical Review.*

On the Neutralization of the Tetanogenic Virus and the Surgical Prophylaxis of Tetanus.—By Prof. G. Sormant, Padua, Italy. In a preceding article on the same subject the author came to the conclusion that iodoform is one of the most active and specific disinfectants against the tetanogenic virus. In this work he gives the results obtained by experiments with other chemical substances to neutralize this virus. His conclusions are: 1. Camphor and camphorated alcohol have no germicidal action. 2. Chloral shows itself active in the neutralization of the tetanogenic virus. 3. Chloroform and chloral hydrate exercise an attenuating action in a variable degree, retarding more or less the development of the cultures, and also rendering some cultures sterile. As regards the surgical prophylaxis of tetanus the author, from the observation of two clinical cases, comes to the following conclusions: 1. If tetanus is already established the application of iodoform is no longer efficacious to arrest it. 2. Nevertheless the same remedy will completely neutralize the virus in the wound. The author has also made experiments as to whether it was possible to arrest the development of tetanus during the period of incubation by the use of iodoform, and has, in regard to this, arrived at the following conclusions: 1. In the animals, in which local prophylaxis was carried out by the use of iodoform early after infection had taken place, and where the tetanic manifestations had not yet developed, the convulsive period could be prevented. 2. If the first symptoms of the disease had already developed, there was the less chance of success the later one acted. The author, finally mentions that in the city hospital of Padua, among more than 500 patients, suffering

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from some kind of wounds, and treated with iodoform, there occurred no case of tetanus. After having met with a case of death from iodoform poisoning, he tried in a number of cases of wounds sublimate and salycilic acid, but among these latter had two deaths.—*Riforma Medica; Gazzetta degli Ospitali, Annals Surgery.*

GENERAL MEDICINE

A New Source of Arsenic Poisoning.—F. H., six years old, perfectly healthy baby. After the age of two years, he began occasionally to look badly. At these times his bowels were constipated, his breath rather offensive, his tongue coated. He was somewhat salivated, and had at times a few superficial ulcers on the mucous surface of the lips, gums, or tongue. No explanation could be found for this condition, except that he always had a good appetite, and was in the habit, unless watched carefully, of bolting his food. His diet had always been regulated with much care.

In January, 1890, he had the epidemic influenza, and as he was at its onset in one of his debilitated conditions,, he was very much pulled down by the illness. During the summer he was in the country, and was perfectly well. When he returned home, he began, in a short time, to look badly. He became anæmic, began to lose weight' and his muscles became soft and flabby. He was constipated. His tongue was coated, and the whole mucous membrane of the mouth became soft and spongy. His breath was offensive. He complained of weakness and occasional cramps in the muscles of the legs when walking. He had to be taken up two or three times at night to prevent him from urinating in bed, and he wet his clothes often during the day. The plumbing of the house was examined, and found free from any defect. The boy's urine was then analyzed, and arsenic was found. No quantitative test was made, but the amount was considerable. The question was then, what the source of the arsenic might be? The carpet, curtains and furniture covering were analyzed and found free from arsenic. A border and dado of a pictorial paper about the room was known not to contain arsenic. The wall between these was painted a peacock blue, and this paint was found loaded with arsenic. The painter, who had painted the room six years ago, said the color was obtained by mixing prussian blue and and a green. The green pigment undoubtedly contained arsenic. The paint was mixed with lead and oil, and had a smooth, glazed surface. The patient was sent inland for a change, and he began to improve at once. Since eliminating the source of poisoning, the boy has been perfectly well.

In looking back on the different attacks that the child had had, during the four years that he had been exposed to the poison, it was noticed that whenever he had been away from home and had come back to this room, the symptoms of debility and stomatitis had developed; but that, after living in the room for some time, he seemed to become used to the poison, and improved somewhat. The case seems to me interesting, because the evidence, to my mind, is conclusive as to the cause of the symptoms, the obscurity of the symptoms themselves, and the unusual fource of the arsenic; showing that paint should be analyzed, as well as paper and furnishings, in sleeping rooms.—*Boston Medical and Surgical Journal.*

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MATERIA-MEDICA.

Carlsbad Water and the Sprudel Salt—(A Clinical Study.)—In the northwest corner of Bohemia, some two thousand feet above the level of the sea, there lies a little hill town that climbs up sharply rising terraces on both sides of a swift mountain stream that is called the Tepl. It nestles from passing sight in the heart of great forests of pine and beech trees, and is full of legends of knights and ladies fair, that have been visitors to its valley for six hundred years or more. With but 12,000 of its own residents, it has a population of 30,000 every summer, the others coming from all parts of the world to avail themselves of its wonderful waters, that are so gifted with healing power. These springs of Carlsbad are now so well and widely known throughout the entire world, and have attained such a high reputation everywhere that any extended description is not needed, and if it were, may readily be obtained from better pens than mine. This paper is intended to call the attention of the profession to a few case records that I have collected from the mass that has accumulated during thirty years of constant use of these waters and their salts for a variety of diseases. There is nothing more certain than that to obtain the best results from the therapeutic use of medicinal waters, they must be taken at the spot whence they emerge from the earth, where their administration can be controlled by the experience of resident physicians, and where Nature's forces of seclusion, rest and pure air are free to act as potent auxiliaries. But for all the world, this is not possible; and, were the good that is done every year by the waters of these famous fountains alone confined to sufferers who are fortunate enough to reach their home, great as that aggregate number is, only a small part of the large army of invalids that blesses their healing powers would ever have heard of them. After comparing the effects of Carlsbad waters at the springs with those obtained from the same when taken at home in America, I am convinced that the only loss they sustain in removal, is that they do not bring in their neat bottles, the air and regime of the Bohemain mountain spa. So much of the latter as concerns exercise, at least, may be followed anywhere; and I venture to say a few words about that. Free movement is one of the principle conditions necessary, particularly for those whose sickness was originally chiefly caused by a sedentary life. Suitable muscular activity as directed by the family physician, promotes the excretion of decomposition products accumulated in the body by prolonged inactivity. Exercise, such as walking, out-door games, etc., must be moderate and selected for each case, and may readily be overdone. But when the patient's condition demands rest and confinement to bed, the waters are still of equal value, only they must be given in smaller doses. Diet should be restricted while they are being taken, to non-nitrogenous foods, its daily quantity lessened, and the use of alcoholic stimulants prohibited. If digestion is disturbed, a little extract of malt may be administered with each meal. Diabetics, who are forbidden starches, will find an agreeable and effective substitute for wheat bread in the almond bread of Prof. Seegen, the formula for which is as follows: Pound in a stone mortar four ounces of blanched Jordan almonds to a smooth powder. Put this in a linen bag and boil for fifteen minutes. Mix thoroughly with three ounces of butter and two eggs, add the yolks of two more eggs with a little salt and beat well. The whites of three more eggs, beaten

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to a stiff foam, are next to be beaten into the dough and when formed into biscuits, they are to be baked until well done in a slow oven.

Carlsbad waters are odorless, palatable and free from color, with a faint saline taste, and never produce nausea. Even when taken in considerable quantities they produce no diarrhœa or feeling of discomfort. I once drank six tumblers within an hour without the slightest unpleasant effects. They act directly upon the mucous membrane of the stomach and alimentary canal, and secondarily as a powerful alterative; soothing irritated surfaces reached and changing blood from acid to alkaline reaction. During this process, all calculi of the former kind, whether biliary or cystic, are steadily dissolved, gouty concretions softened and placed in condition for absorption, and rheumatic deposits in muscles are removed. In diabetes mellitus, Carlsbad waters have long been considered as exercising a powerful curative influence, and I have personally known of cures made at the springs where other forms of treatment have failed. Since the use of these waters and the Sprudel salt that goes with them is, in America, mainly confined to these two forms of disease, I shall cite only cases which are of one or the other class.

Case 1. A. B., physician, aged thirty-five years, of healthy parentage and a fine physique, had been systematically doing two men's work for several years in spite of all sort of protest from family and friends. Some five years ago, present date 1890, he began to show signs of exhaustion and nervous tire, but still continued work of the most exposed character and fatiguing description until the spring of 1886, when he was persuaded to take a trip to Europe for rest. While in England, he visited Brighton, where he remained for several weeks taking the waters and baths; was there attacked by nephritic colic attended with excruciating pains of the severest description, accompanied with passage of several small stones. Four months after his return, Dr. B. consulted me, and I at once placed him upon Carlsbad water as previously suggested, adding a prescription of my own which I have found to act well at a distance from the springs. It is hot Carlsbad baths twice daily at a temperature of 150° F. for ten minutes each time. These baths are made by adding eight ounces of Sprudel salt to an ordinary bath-tub of water, gradually increasing temperature until the desierd heat is reached, and should be taken night and morning. Another and effective way of giving these baths is by means of vapor. The patient, nude, except for a loose blanket covering stool and person to the neck, is seated on a perforated stool, under which a shallow pan of Carlsbad previously saturated with Sprudel salt is slowly boiled away. Profuse perspiration follows and a rapid absorption of elements of the water as they are in turn volatilised, complete vaporisation being insured by combustion of the dry residue left after water has disappeared. After a month of this treatment, Dr. B. passed a large number of calculi perurethram, and drawings were made of two of the largest. All gouty symptoms disappeared at the same time; a recent clinical examination showed him free from uric acid urine and calculi, and his general health improved after the course.

Case 2. Mrs. S. of middle age and healthy family. For several years she had suffered with gouty rheumatism and slowly increasing concretions in finger joints, which were steadily growing and causing loss of motion. She was at last attacked by arthritic neuralgia, for which she consulted me and I found her system

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charged with uric acid. I was unable to learn that any calculi had been voided, although all urine was loaded with brick dust and a copious deposit fell from a beaker full kept over night. Mrs. S. was at once placed upon a course of Carlsbad water and the steam baths of Sprudel salt solution. Six tumblers of the water were ordered to be drank each day with a twenty minute bath morning and evening. Localixed galvanism, decending nerve current, was administered for her neuralgia, which soon subsided. After forty baths, a distinct relaxation of solidity in the gouty concretions was noticed, and they began to disappear. The neuralgia was relieved after a week. In two months all joints were normal and clinical tests demonstrated absence of uric acid. Baths were then abandoned and doses of Sprudel salt ordered occasionally to keep bowels soluble. A year has now passed since treatment was finished and Mrs. S. continues in good health.

Case 3. A. Y., man, aged forty-five, resident of Newport, R. I. Five years ago contracted acute rheumatism from exposure, which finally became chronic from poor care and constant, necessary, hard work in a damp locality. Treatment was commenced a year ago, at which time the entire system was charged with uric acid. There were copious brick dust urinary deposits, concretions in finger joints, firm contractions of fore arm muscles, "main-ewgriffe" and great weakness. In short, a more unpromising subject would be hard to find. It was an evident fact that nothing could be done for the diseased condition until the man was placed in a more favorable environment, and by persistent effort he was secured admission into one of the charitable institutions of the state, where he was well fed and comfortably housed, with an opportunity for all needful medical care later. When he began to grow stronger, and show some signs of desire to live, he was placed on the Carlsbad water cure, steam bath plan. For the first two weeks, no water was given internally, and but one bath a day, with plenty of nourishment. On the fifteenth day, he was given four half pint tumblers of Carlsbad water at a temperature of 100° F., which being well borne, were increased to six daily within another week, and the baths doubled, Improvement followed the fourth week, and the water cure was suspended for a month, to allow nourishment to be pushed, when it was again resumed and continued for a month. With these intervals for rest, the Carlsbad treatment was followed a year, with the comfortable result of restoring Mr. Y. to such comparative health that he is able to do light work and be of some productive value in the world.

Case 4. Mr. G., aged fifty, independent gentleman, resident of Providence, consulted me in 1889 for gout of the sub-acute form. Digestion had become seriously impaired, and pain of a nagging kind was scarcely ever absent from the legs and feet. Fever ran quite high every night, and the urine was loaded with particles of gravel, none large enough to cause serious interference with micturition, but all, when placed under the microscope, of sufficient size and sharpness of angles to account for the irritation that was present in the urethra. Mr. G. came to me to be treated for nervous exhaustion, but upon making the necessary examination I decided that the exhaustion was dependent entirely upon his gouty condition, and placed him upon the treatment by Carlsbad water and the Sprudel bath. He was forbidden the use of wines and stimulating food, and given a sufficient quantity of the Sprudel salts each morning to insure a free evacuation of the bowels. No tonics

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were ordered, and he was directed to abstain from all exercise. The diet list was brought down to the simplest possible food, and his hours of eating changed from breakfast at eleven and dinner at eight, to those usually customary in America, After a week of this functional rest he was directed to take three tumblers of water, slowly, at six o'clock, eight o'clock, and ten o'clock in the morning; at eleven a vapor bath was administered, and two hours rest followed, and a light breakfast of farinaceous food A carriage drive of an hour or two occupied the greater part of the afternoon, and after a light nourishing dinner at six o'clock he was ordered to retire to bed and retain a recumbent posture until five the next morning; at that hour massage was administered thoroughly, followed by a tumbler of hot milk. This regime was continued for five weeks, at the expiration of which time a careful examination was made of blood and urine without finding any tr ace whatever of uric acid. His gout had disappeared, and the joints of the toes which had commenced to enlarge,became flexible, and began to diminish in size. He was then permitted to add to his diet list, lean meat of any kind and claret wine. The one tonic employed was general faradization a half hour daily. His condition promptly improved, and in one year after the cessation of all treatment, Mr. G. was in the most vigorous possible health, and made a long visit to Europe, whence he returned, I regret to say, in about the same condition as when he first consulted me, with the exception that there were then actual attacks of gravel, and I found that he had passed two or three well-formed uric acid calculi. I placed him at once upon the same treatment as before, with the same gratifying result, and am under the impression that a repetition will be necessary as often as cure is attained. The case, however, is one which shows in the strongest possible light, the remarkable and rapid gain in these conditions from the use of Carlsbad water and Sprudel salt.

Case 5. Mrs. E., aged thirty-seven, American, came to me in October of last year of a nervous trouble supposed to be reflex from irritated ovaries,and probably salpingitis. She was anæmic, nervous to a very high degree, with capricious appetite, and with all of the secretions in an abnormal condition.

She had used opiates to a considerable degree, and was fast becoming addicted to its use. A careful examination failed to reveal any great amount of trouble of the ovaries or tubes, and what was present was diagnosed as being of a reflex character, as well as all of her abdominal pains. A careful examination of the water showed a remarkable excess of uric acid, and was loaded down with brick dust deposit. A careful selected diet, general faradization every day, taking away of all opiates, plenty of regular exercise, together with three goblets of Carlsbad water every day, supplemented with a dose of Sprudel salts every morning to keep the bowels soluble and regular, completed a perfect cure in three months time. She is now wholly well and hearty, and seven months pregnant.

It would not be difficult to multiply cases, but these five seem to me so fairly illustrative of the uses and worth of these waters when far from the place where bottled and so good a showing of my methods of using them in vapor, that I submit them without further remark.—*Wm. F. Hutchinson, M. D., Providence, R. I., in New Eng. Med. Monthly.*

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THE MEDICAL HERALD.

A MONTHLY JOURNAL OF THE MEDICAL SCIENCES.

DANIEL MORTON, M. D., Editor.

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EDITORIAL

Ensworth Medical College.

THE Ensworth Medical College closed its fourteenth session March 4th, 1891. The Commencement was held at Tootle's Opera House, a large audience being present to witness the exercises. The most striking feature of the occasion was the conferring of the degree upon three ladies, this being the first time any institution in the State of Missouri has ever graduated ladies. The valedictorian was Dr. John G. Smith, Dr. Jacob Geiger delivered the faculty address and H. S. Kelley, Esq., the lay address.

The surgical prize was awarded Dr. Frank M. Green; the obstetrical prize, Dr. R. B. Simpson; the physical diagnosis prize, Dr. J. M. Hale; the anatomy prize, Dr. Eugene H. Bullock; the two latter also winning THE MEDICAL HERALD prizes.

The following ladies and gentlemen composed the graduating class: Charles C. Adams, James H. Cody, Frank N. Green, Martha Hosea, Fannie Harding, John B. Leake, William E. Miller, Margaret Maher, S. Spier Richmond, Thomas K. Sawyer, Eugene H. Bullock, Clinton Day, Benjamin F. Herring, Joseph Miles Hale, Benjamin Hill, William A. Leigh, Robert L. Mount, Byron T. Quigley, John G. Smith, Edmond H. Suhl, Robert B. Simpson, Walter V. Lunsford, John Van-Vliet. Thus closes the most successful year this institution has ever enjoyed.

The Missouri Valley Medical Association.

THE meeting of this society at Omaha, on the 19th and 20th inst., promises to be an unusually interesting one. THE MEDICAL HERALD for April will contain a full report of the proceedings by an "eye-witness." Following is the programme:

FIRST DAY.—7:30 P. M.—(*a*) Organization. (*b*) Registration, payment of dues. (*c*) Report committee on credentials and election of members. (*d*) Reading minutes

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of last meeting. (*e*) Report of committee on arrangements. (*f*) Miscellaneous business. Presentation of papers—1st. Discussion of Renal Casts, Drs, L. A. Merriam, M. H, Jonas, B. F. Crummer, A. B. Somers, of Omaha, and A. S. V. Mansfelde, Ashland, Neb. 2d. Intubation of the Larnx, report of 20 cases, Dr. Hal Foster, Kansas City. 3d. Etiology and Treatment of Pneumonia, Dr. Rebecca Hanna, Red Oak. 10 P. M.—Banquet at Paxton Cafe by the physicians of Omaha; toasts and responses; adjournment.

SECOND DAY.—Report of committee. Presentation of papers—4th. A Case of Vaginal Hysterectomy. Dr. A. F. Jonas, Omaha. 5th. Sarcoma of Neck of Femur, with Spontaneous Fracture, Dr. J. M. Emmert, Atlantic. 6th. Astigmatism, Dr. Flavel B. Tiffany, Kansas City. 7th. Elephantiasis—a Case, Dr. Donald Macrae, Council Bluffs. 8th. A Neglected Phase of Sanitary Science, Dr. S. Stewart, Council Bluffs. 9th. Recent Experience in Abdominal Surgery, Dr. J. E. Summers, Jr., Omaha. 10th. Feeding in Acute Diseases, Dr. J. F. White, Council Bluffs. 11th. Treatment of Strictures of Rectum—Report of Case, Dr. S. G. Gant, Kansas City. 12th. New Operation for Entropium of the Eyelids, Dr. H. Gifford, Omaha. 13th. Volvulus, Recovery without Operation, Dr. Rebecca Hanna, Red Oak. 14th. The Prevention of Disease of Women, Dr. J. P. Lord, Omana. 15th. Presentation of Cases, Volunteer Papers, etc. 16th. Miscellaneous Business. Adjournment.

Dr. Bransford Lewis.

DR. BRANSFORD LEWIS has resigned the editorship of the St. Louis *Weekly Medical Review* and will soon leave for an extensive and protracted trip to Europe. Dr. Lewis, by his editorial management, has given the *Review* a standing among medical journals of which he may be proud. His writings are known for their directness and practical value and along the line of Genito-Urinary work his productions are everywhere read with marked consideration for the ability of the author. We are sorry to lose so pleasant an associate from the list of editorial friends, but we are glad to state that Dr. Lewis will act as special correspondent for the MEDICAL HERALD during his absence, furnishing our readers with monthly letters and giving them an insight into European medical matters. The services of Dr. Lewis are eagerly sought for by the best medical journals of the country and we must be allowed to congratulate ourselves upon our success in securing him as European correspondent. Dr. G. W. Broome will succeed Dr. Lewis as editor of the *Review*.

Medical Herald Prize Contest.

EACH year the MEDICAL HERALD offers two prizes to the students of the Ensworth Medical College for the best reports of clinics held before the class during the session. The prizes consist of, first, complete case of surgical instruments; second, a surgical operating chair. The committee appointed to award the prizes for the present session was composed of Drs. John W. Leonard, J. M. Richmond and W. H. Gaugh. After mature deliberation they awarded the first prize to "Lex," (Dr. Eugene H. Bullock) and the second prize to "Report," (Dr. J. M. Hale). The contest was quite spirited and the rivalry for first place pronounced. The editor of the MEDICAL HERALD congratulates the successful contestants and assures the de-

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feated ones that the labor put upon the papers was not in vain, for the training thus obtained in studying cases will prove of inestimable value in after life.

Hathaway Vs. State Board of Health.

IN another part of this issue will be found the decision of the Supreme Court of the State of Missouri in the Hathaway mandamus case. This has been a most stubbornly fought contention from the very beginning and Dr. Hathaway has not spared money in his endeavors to compel the State Board of Health to grant him a certificate. Having failed in this an attempt is now being made to amend the Act creating a State Board of Health in such a manner that the section will not prohibit the general advertising of a specialty, provided the physician has a recognized diploma. The powerful influence of the Missouri Press Association has been enlisted in the cause and it does not require the effort of a very great mind to understand its anxiety in the matter. We repeat the closing words of the opinion: "We see no evidence of prejudice on the part of the board. Indeed, it must be remembered that the relator came to this state and began the practice of medicine without any certificate. So long as he thus knowingly bid defiance to the law, he was not entitled to one. The Board of Health is charged with performance of important discretionary duties, and the performance of their duties will not be hampered by mandamus until a case of manifest injustice is shown. The relator has not made out such a case. Peremptory writ denied. All concur."

LATER.—Just as we go to press we learn that the subject of the above article has removed to Texas. Bros. Daniels and Briggs are hereby respectfully notified of this important acquisition to the Lone Star State.

St. Joseph Eye and Ear Dispensary.

AN Eye and Ear Dispensary has been opened in this city by Drs. Barton Pitts and R. E. Smith. In our last issue we editorially prayed that it might be a long time ere dispensaries should be organized in St. Joseph, but our prayer availed not. Still if dispensaries are to be started by all means let them be these devoted to the exclusive treatment of special diseases. The work done in an eye and ear dispensary will interfere very little with the income of the general practitioner but will fall heaviest upon the specialists in these lines of work. Now that the ball of medical charity has been started rolling it is hard to say just where it will stop, for rival factions and practitioners will feel compelled to do as their competitors do. Drs. Pitts and Smith had scarcely opened the doors of their institution when another of the same nature was started not more than three blocks distant, and the latter seems to have the advantage, at least in the number of assistants. It is true, the assistant surgeons are not graduates of medicine, but then what does that amount to when quantity rather than quality is the criterion by which rival dispensaries are to be judged. *O tempora! O mores!*

ATTENTION is called to the fact that THE MEDICAL HERALD is publishing each month more original matter than any other Western journal, which goes to prove that the average doctor of these whereabouts knows how to place the result of his research and practice where it will be read and appreciated.

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Herald Parvules

NEWS FROM ACROSS THE WATER,—from the pen of Dr. Bransford Lewis, during his European tour, will be a feature of the MEDICAL HERALD. Do not miss the initial number of the series.

DR. WM. GOODELL says that he never performs an oopherectomy without explaining, in the presence of competent witnesses, why he wishes to perform the operation, and what will be its results.

TWINS FIVE TIMES.—Dr. M. H. Turner, of Hammondsville, N. Y., in detailing the results of a large and varied obstetric experience, writes that he has "just delivered Mrs. D——of her fifth pair of twins." Dr. Turner was in attendance upon the good mother on four similar occasions. We trust he will be on hand at the next.—*Medical Record.*

HOW TO EXAMINE A FEMALE BREAST.—To properly examine a woman's breast, she should be lying on her back. If examined in any other position, it can be so manipulated as to convert it into any tumor. When on her back, examine by pressing the tips of the fingers back through the breast against the chest walls, and not by pinching the structures up between the fingers.—*Dixie Doctor.*

THE "regular" colleges should teach all that is good in the sects, thus becoming truly *eclectic*, and leave sects no reason for existence. There should be but one school in medicine, but that ought to be broad enough to hold all, regardless of individual opinion. Medical union can be accomplished only by absorption, or by the "broadening process," as there is much in the sects that has come to stay.—*Selected.*

THE DOCTOR WHO SUCCEEDS.—A physician who understands human nature, who plays with the baby, makes friends with the children and listens to the woes of the good wife and mother, is the fellow to whom the master of the house most cheerfully pays the largest bills. It isn't the medicine that's bottled up, but it's the comfort, the consolation that are unbottled that mark the broad line between an unsuccessful and a popular physician.—*New York Press.*

WISCONSIN MEDICAL PRACTICE LAW.—The Wisconsin Legislature has recently passed an act creating three Boards of Medical Examiners, representing the Wisconsin State Medical Society, the Homœpathic Medical Society, and the Eclectic Medical Society of the State respectively, each board to consist of three members, appointed by the governor from a list of candidates submitted by the respective societies. The supervisor of medical examinations, who shall not be a practicing physician, is to be appointed by the governor and will hold office until his successor shall be appointed. The several boards must submit to the supervisor of medical examinations, lists of questions for examination in the usual branches, and from these lists the supervisor will select at random the questions for each examination and present the same to the candidates. Each candidate must present to all three of the boards satisfactory evidence of good moral character, that he is more than twenty-one years of age, that he has obtained a competent common-school education, that he has studied medicine three years including two years in some legally incorporated medical school, and that he holds a legitimate diploma conferring the degree of Doctor of Medicine, or a diploma or license conferring the full right to practice all branches of medicine and surgery in some foreign country. No one, not previously entitled to peactice medicine under the existing laws of the State, will be permitted to practice after the first day of July, 1891, unless he has received a license from one of the legally constituted boards of medical examiners. Any candidate who fails at one examination will be allowed to appear before the board again after an interval of six months.—*Boston Medical and Surgical Journal.*

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News and Miscellany

MEDICAL AFFAIRS IN EUROPE.—Read Dr. Bransford Lewis' letters in the MEDICAL HERALD.

THE New York Hospital Association gets $500 from the saloons, and $30,000 from the churches in New York City, exclusive of the Presbyterians, who support their own hospitals.

A COFFIN-MAKER, in one of the leading streets of London, happening to have apartments to let, has pasted his bills upon the coffins in his window, announcing "Lodgings for single gentlemen."

READ the testimony of Dr. Harris, on page 4, concerning the Wagner preparations, and give their Infant and Invalid food a trial. This product is in use in the hospitals of this city, and giving eminent satisfaction.

ANOTHER new page appears in this issue, showing some standard preparations from the old established house of Sharp & Dohme. Our readers can depend upon everything purchased from this firm being uniform and reliable.

"UNCLE JOHN," said little Emily, "do you know that a baby that was fed on elephant's milk gained twenty pounds in a week?" "Nonsense! Impossible!" exclaimed Uncle John, and then asked, "Whose baby was it?" "It was the elephant's baby," replied little Emily.

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THE usefulness of good Hypophosphites in Pulmonary and Strumous affections is generally agreed upon by the Profession. We commend to the notice of our readers the advertisement on page 6 of this number. "Robinson's Hypophosphites is an elegant and uniformly active preparation; the presence in it of Quinine, Strychnine, Iron, etc., adding highly to its tonic value.

"WHAT SHALL WE DO WITH OUR BOYS?" has ever been the salient query with all thoughtful parents. The St. Joseph Commercial College has solved the question, however, and the large number of its graduates filling positions of trust and responsibility in this city, bear evidence of the thorough training afforded by this excellent school. The President, Bro. Marcellian, is an educator of ripe experience, and his able corps of teachers are the best to be obtained in their respective branches. See their spacious and elegant building on another page.

THE HERALD has received a neat little pamphlet entitled, "A Safe Investment," and upon opening the cover, notice that it is issued by our staunch financial firm, The St. Joseph Mortgage Company. This company is organized under the State laws, with a capital of $100,000 and offers a safe and conservative plan of investment, which pays a handsome rate of interest. It will pay to correspond with them if you have a few dollars to spare above your immediate needs. The plans of this institution are a positive guarantee against loss. Send for their treatise on financial matters in the West.

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READ the testimony of eminent physicians concerning Campho-Phenique.

WANTED—Your address—the R. Hyde Co., Milwaukee, Wis. See page 20 for particulars.

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"A VIEW of milk under the microscope" presents an interesting study for the doctor who is interested in Cod Liver Oil. See page 12 for particulars.

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DOCTOR, if you want a battery, magic lantern, milliammeter, or anything pertaining to electro-therapeutics; or if your patients need a uterine supporter, write to the McIntosh Battery and Optical Co., Chicago, whose announcement and offer to physicians appears in this issue.

YOU can never be disappointed with a chemically pure preparation of the Hypophosphites of Lime and Soda. McArthur's Syrup is guaranteed to be pure. See their advertisement on page 1 and send for a pamphlet and a sample. Note particularly the eighth clause of their article.

IT may be regarded as settled that Koch's "lymph" offers no hope to cases of advanced consumption. To them it is not only useless but extremely dangerous. It is better for all such to pin their hope upon a life in the open air, as affording the greatest hope for comfort and prolonged existence.

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"I am unable to express my full appreciation of the Ponca Tablets. They will do all you claim for them and more too. Two lady patients who had been taking them for some time told me to-day that they were feeling so well and 'coming' so regularly that they thought it would be unnecessary for them to continue taking them longer." T. S. JEMER, M. D., No. 903 E. Jefferson St., Louisville, Ky.

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SIG.—Dessertspoonful every two to four hours, as demanded.

The writer says that tonga is indicated in scarlet fever, and the salicylic acid, which forms a part of the compound, is surely advantageous, and the small amount of pilocarpine therein is also of great value.—*Annals Gyn. and Paed.*

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THIS DEPARTMENT will be devoted to such notices and comments as the Business Editor may feel inclined to make of deserving and meritorious preparations, and such items of news concerning new goods as will prove interesting to our readers. Practitioners are particularly requested to send us brief facts concerning the success of preparations advertised in THE HERALD, as demonstrated in their practice, and we will always be glad to give space in our Original Department for extended reports of clinical cases. Practices for sale, or notices of removal, not exceeding ten lines, will be inserted FREE three times for subscribers. Always state reasons for selling.

(THE HERALD'S circulation being among a class of physicians who PAY THEIR SUBSCRIPTIONS (and consequently READ each issue), this journal naturally offers the best opportunity to those advertisers who desire to reach the thrifty and progressive practitioners of the West and South.)

THIS Journal is on file at the following agencies, where advertising may be placed at our regular rates, and we invite Eastern Pharmacists to call and examine THE HERALD carefully:
J. H. Bates, 38 Park Row, New York; H. C. Hall, Cincinnati, Ohio; N. W. Ayer & Son, Philadelphia, Pa.; Geo. P. Rowell & Co., 10 Spruce St., New York; J. Walter Thompson, 39 Park Row, New York; Dodd's Advertising Agency, Boston, Mass.; Slay Bros., 1169 Broadway, New York.

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See cut of building on advertising page 19.

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THE MEDICAL HERALD.

A MONTHLY JOURNAL OF THE MEDICAL SCIENCES.

DANIEL MORTON, M. D., Editor.

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Volume X. Number 4. | ST. JOSEPH, MO., APRIL, 1891 | Sample Copies Free. $2 a Year, in Advance.

ORIGINAL

Membranous Croup

BY W. S. HARVEY, M. D., SALINA, KANSAS.

Read at the Spring Meeting of the Golden Belt District Medical Society.

The purpose of this paper is not so much to parade new theories and remedies as it is to give emphasis or prominence to several fully recognized clinical features, and, possibly, the more effective methods of combating an acute, local, non-infectuous, inflammatory disease of the mucous membrane of the respiratory tract, in which the sole element of danger to life lies in the complete, or almost complete obstruction by its pathological product, of a vital process: a disease, the rarity of which is its only hopeful trait. Of the several acute diseases of the upper air passages, few, or perhaps none, excite greater anxiety and alarm to the attendant physician than does true croup. For the doctor who has even once been called upon to witness those livid and distorted features caused by the severe dyspencea, and has heard the prayerful and even frantic appeal of the mother in behalf of the little sufferer, will long carry in his memory the impress of that trying hour. Of this I can speak from personal experience, for of the seven cases, all told, which I have seen in twenty years, I yet retain a very distinct remembrance, not only of those recovering, but also of the fatal cases which I assure you were largely in excess.

Membranous croup has been accurately and definitely described as early as 1775, or perhaps earlier. It was ably reported by Dr. Ware, of Boston, and others of large experience and opportunity, whose description of this disease leaves no doubt as to the correctness of their diagnosis, and in this description was noticed the following facts: It was a purely local disease, affecting the upper air passages; was an acute inflammatory disease resulting in a fixed exudate, the extent of which was

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often such as to cause death by suffocation, and attacked mostly, if not altogether, children of from two to seven years of age. Their attention was also called to several negative facts, viz.: The absence of septic symptoms, also of contagion, of paralytic phenomena and of albuminuria. Answering this description were many cases reported up to the year 1850, at which time, it seems there suddenly appeared and rapidly spread or increased, a disease in several particulars resembling croup, but essentially differing in many points, only a few of which we will stop here to notice. This new disease was often ushered in with a distinct chill and other very marked constitutional symptoms, severe aching of head and limbs, swelling of the cervical lymphatic glands, and that the disease attacked first the tonsils, pharynx and nares, and often abraded tegumentary surfaces. It was found to be markedly contagious, often attacking adults. Now, because of a few symptoms common to both diseases, many claimed that these were varied symptoms of one and the same disease; a greater number holding that these characters or symptoms were readily divisible into two distinct trains pointing directly to two quite different diseases. The discussion thus arising has been constantly agitated to the present time with but little prospect of an agreement. On this point we may notice further in the matter of diagnosis. To properly present the peculiar characters of this malady and to make a choice of agents and methods for its most rational and effective treatment, it would seem quite an advantage to divide (as best we can) the course of the affection into about three stages, viz.: First, stage of invasion; second, stage of exudation; third, stage of exfoliation and repair.

FIRST STAGE—INVASION.

The invasion is marked by a short period of languor, soon followed by (generally) a very moderate fever, temperature 101-2½, with a little hoarseness, both of which are progressive, particularly the latter, accompanied by an occasional cough, which is simply a hoarse cough wanting that pathognomonic ring belonging to the cough of the middle or second stage as divided above. There is seldom any chill, or at least it is unnoticed; respiration slightly accelerated. These symptoms, with the exception of the fever, grow in intensity up to the end of the second to fourth day, at which time the fibrinous exudate begins to form. About this time the doctor is most often first summoned.

SECOND STAGE—EXUDATION.

During this process, lasting from one to three days, the fever being slight at first, gradually disappears. Cough now assumes that characteristic metallic ring and is often rapidly reduced to a mere whistle. These symptoms arise of course, because of the encroachment upon or narrowing of the rima glottidis, and with the above also now occurs great dyspnœa and loss of voice, and what is to be particularly noticed now, is that not only the time but also the effort consumed in the expiratory act is fully equal to, if not even greater, than in the act of inspiration. The respiratory murmur now becomes less and less distinct, just in proportion to the obstructive extent of the membrane with its attendant cyanosis, livid countenance and prominent eyeballs and other symptoms of strangulation; cold hands and feet and surface of the body. These symptoms of course, are all more or less prominent in proportion to the thickness and extent of this fixed exudate, coupled with the amount of congestion and infiltration of the mucous membrane and sub-

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mucous tissues. This stage ordinarily ends the suffering and with it the existence of the little patient's heretofore innocent and brief life: death by suffocation. To be congratulated, surely, is the patient who reaches the

THIRD STAGE—EXFOLIATION AND REPAIR.

All febrile action having ceased during the close of the second stage it remains absent during the time of convalescence. The exudate having now lost its nutrient connection is slowly detached, sometimes in small flakes, in other instances in larger rings and even in complete tubular casts. During this separating process, there may be often heard by means of the stethoscope, placed over the trachea, that flip-flap of the partially detached membrane as the air rushes in and out over it. The cough induced thereby is persistent and uncontrollable. Even before there is any expectoration of the false membrane the respiration becomes freer; accompanied by a corresponding sense of relief. No one reports a secondary membranous formation, neither two cases in same family at or near same date.

MORBID OR PATHOLOGICAL ANATOMY.

Prior to the appearance of the exudate we find a degree of hyperemia and active congestion of the mucous and sub-mucous tissues, accompanied by infiltration of the same, and in the mucous membrane is found either a necrotic condition or loss of the epithelial coat, in patches at least, for it seems unnecessary that the whole surface covered by false membrane, should be devoid of its epithelial coat, for if there be but small specks here and there of exposed basement membrane for the exudate to become fixed upon, it will then extend itself over considerable area when the epithelial coat is yet intact. The basement membrane and sub-mucous tissues are more or less congested and infiltrated, also the blood vessels of the part damaged. This fixed exudate, or membrane, is of a pale, yellowish color, consisting in most part of fibrinous filaments and granules intermixed, or beset with pus corpuscles. This structure is attached to the underlying structures by fibrinous threads, usually so loosely that it can be readily stripped off, thus disclosing the red hyperemic mucous membrane beneath. The conditions necessary to this formation implies a somewhat abundant extravasation of liquid and of cells, as well as the absence of such agencies as hinder coagulation. The epithelial cells are always more or less injured, being either necrotic or in process of degeneration, but this injury need not precede the inflammatory process. Inflammatory disturbances of the circulation may be the primary lesion and the alteration of epithelum secondary. At the close of the second stage (as divided above) that hyperemic and congested condition of these tissues has entirely subsided and consequently the fibrinous elements of the blood have ceased to escape from their normal environments. At this same instant the infiltrated material begins to be re-absorbed. Thus the newly formed product loses its nutrient connection and literally dies and is thrown off. The same kind of exudation is found in other diseases and other locations, viz.: in the intestinal inflammation, in the lungs in croupus pneumonia, and *possibly* in the nostril, pharynx, larynx and trachea in diphtheria.

ETIOLOGY.

Inflammation of the mucous membranes are the commonest of all affections, caused in many cases by noxuous agencies acting directly on the external surface of

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the membrane and very rarely due to the morbid matter carried to it in the blood. Thus bronchial inflammaiion by the inhalation of impure air, cystitis by action of decomposing urine, and intestinal inflammation by the ingestion of irritant substances. This malady is much more common in Spring and Fall, the seasons in which we experience so sudden and marked changes of temperature. It is markedly a disease of childhood—from two to seven years—may possibly occur in adult life, attacks boys oftener than girls. It is said to sometimes follow measles and scarletina. Possibly want of cleanliness, want of nourishing diet and insufficient ventilation are among the factors of its development.

TABLE.

CROUP.	DIPHTHERIA.
1. A local disease.	1. A constitutional disease.
2. Begins in trachea and goes up.	2. Begins at tonsils and goes down.
3. Exudation never cutaneous.	3. Exudation often cutaneous.
4. No pain in swallowing.	4. Often severe pain in swallowing.
5. No swelling of sub-max. and lymph glands.	5. Swelling of sub-max. and lymph glands.
6. Cough always present and often reduced to a mere whistle with peculiar metallic ring.	6. Seldom much cough and then only hoarse.
7. Not traceable to bad drainage.	7. Often traceable to bad drainage.
8. Seldom occurs in adults.	8. Often occurs in adults.
9. Neither contagious nor infectious.	9. Both contagious and infectous, both before and after death.
10. Does not disappear for long periods of time.	10. Does so disappear.
11. A sthenic disease.	11. An asthenic diease.
12. Membrane does not extend to nares.	12. Often extends to nares and many other parts.
13. No symptoms of septicemia.	13. Septicemia generally present.
14. No albumineria.	14. Albumniuria common.
15. Neither attended nor followed by paralysis.	15. Paralysis not uncommon.
16. Death seldom caused by syncope.	16. Death from syncope common.
17. Death due to suffocation.	17. Death frequently results from other causes.

DIAGNOSIS.

In contemplation of the great fatality of this disease, it seems imperative that we should, if possible, make an early diagnosis so that we may intelligently pronounce a prognosis and establish a proper line of treatment. This affection is to be discrminated from spasm of the glottis, acute laryngitis, sub-acute laryngitis with spasm, and DIPHTHERIA. In the matter of diagnosis as well as in the treatment, it will be helpful to keep in mind certain anatomical points, viz.: the small size of the opening of the glottis; the solidity (or inelastic nature) of the walls of the larnyx; the cricoid and thyroid cartilages constituting these walls do not readily yield to pressure from within, so that certain morbid products herein attached must necessarily encroach upon the small orifice of the glottis, and one other of these special points is the abundance of sub-mucous areolar tissue above the vocal chords. Spasm of the glottis may readily be recognized by the absence of fever, by its occurring in distinct paroxysms, and by its quickly yielding to anodynes and antispasmodics. Acute laryngitis with spasm will make more difficult the diagnosis,

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but the tenderness or soreness of the throat and the tenderness of the larynx, the flushed face, the hot, dry skin, high temperature—104-5, the absence of complete intermissions seen in spasm of the glottis, also absence of the brassy cough and severe dyspnœa of croup will ordinarily enable us to make the distinction. Probably the greatest difficulty with many will be found in separating this disease from diphtheria. In fact many prominent men make no distinction whatever. This seems not a little remarkable for there are certainly few diseases which have so few symptoms or clinical features in common and such an unusually long list of contrasted features. I think there would be a much smaller number claiming the identity of croup and diphtheria if they would look more to the etiological factors and clinical features of the two maladies and less to the construction of the false membrane, for in the two former only do the essential differences exist.

PROGNOSIS.

In this disease the fatality is indeed most frightful, reaching, according to some authors, as high as 85 per cent. Of course the fatality depends on, first, the stage arrived at when the treatment is instituted; second, extent of surface involved, thickness of exudate, &c.; third, presence or absence of complications; fourth, system or methods of treatment adopted. Of the seven cases treated three only recovered.

TREATMENT.

For first or second stages, if I were able to recognize the ailment, would give small doses of calomel triturates often repeated, constant local application of cold, unless strongly objected to by the patient; would keep air of apartment saturated by vapor of water only. For third stage would make diligent use of the atomizer, loaded with pepsin sacch, glycerine and water, alternately with steam from slacking lime conveyed by means of paper cone to mouth, apply for about eight to ten minutes each half or three-quarter hours. Have had no experience, but have not an exalted opinion of the intubation of larynx, but in majority of cases would perform tracheotomy with fair hope of good results.

The Action of Drugs on the Respiratory Mucous Membrane

By HAL FOSTER, M. D., Kansas City, Mo.
Laryngologist to All Saints Hospital.

[Written for The Medical Herald.]

Petrone has repeated the experiments of Rossbach and Aschenbrandt as to the action of different drugs upon the mucous membrane of the respiratory apparatus. In these experiments the trachea was opened and the mucous membrane under the influences of the drugs directly observed. The first experiments were with alkaline substances and the salts of ammonia. After the injection of two grammes of bicarbonate of soda into the blood, Petrone observed that the mucous membrane became pale and of a grayish tint; whilst under normal circumstances the trachea, when the mucous was wiped off, became covered again in about two minutes. After the injection of bicarbonate of soda there were only a few drops of mucous after

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eight or ten minutes. If the mucous was again removed it did not reappear, the mucous membrane remaining dry and anæmic. From this it appears that an alkaline state of the blood hinders or completely stops secretion of the tracheal mucous membrane. Petrone agrees with Rossbach that this fact depends upon the action which the sodium salts exert upon the vaso-motor and secretory nerves, the consequence of which is anæmia of the mucous membrane and atony of the glands. Hence it follows that the favorable action which is produced by the alkalies on catarrh of the respiratory apparatus depends especially upon their action upon the hyperæmia of the mucous membrane and on the secretion of mucus. Unless a one or ten per cent solution of bicarbonate of soda was used no striking change was observed. If an extended area of the mucous membrane was bathed with a solution of ammonia, an extended hyperæmia was observed and the secretions increased in considerable quantity. From these facts the natural conclusions are that the inhalations of sodium salts, which is practiced in acute and chronic bronchitis in order to lessen the mucous secretion, has no favorable influence; the most that could be expected is that the secretion might become thinner and more easily expectorated. Inhalations with solutions of artificially prepared ammonia may be useful in dry and chronic catarrh, but disadvantageous in the acute variety. Local applications of acetic acid had a similar effect to applications of ammonia solutions, and the therapeutical indications are, therefore, the same. The local application of astringents, as tannin and alum, produced after four or six minutes a marked paleness of the tracheal mucous membrane. Solutions of nitrate of silver used on the tracheal mucous membrane of rabbits, guinea pigs and dogs produced a similar effect, the epithelium became dry and all secretion was stopped. No dimunition of the vessels could be observed. If the nasal cavity and pharynx was bathed with a four per cent solution of nitrate of silver, a considerable degree of hypersecretion of the mucous glands was observed in these regions. Application of this solution to the larynx produced, on the contrary, a feeling of dryness in that organ in about half an hour. It is to be concluded, therefore, that inhalations in catarrh with hypersecretions, when a turpentine oil spray was directed upon a circumscribed portion of the respiratory mucous membrane, the secretion was at first loosened and then completely checked. The results were entirely different, however, when a mixture of spirits of turpentine and water one or two to 100, was applied to the same membrane. There was then hypersecretion and vascular depletion; consequently it appears that the action of turpentine on the respiratory mucous membrane is specific and characteristic. It calls forth the secretion and causes contraction of the vessels and anæmia of the mucous membrane. By this property is explained the favorable action of turpentine sprays upon chronic catarrh with swelling of the mucous membrane and the resorption of chronic exudations. It may also be assumed that when given internally it assists the action of the spray. Apomorphia, pilocarpine and emetine cause considerable increase of the mucous secretion. In experiments upon dogs and cats crepitant rales were heard over the lungs. The tracheal mucous membrane was always swollen, the superficies showing a granular condition. Section of the laryngo-tracheal nerves did not hinder the increased secretion. These drugs are then indicated in dry catarrh and croup. Pilocarpine, which causes secretory troubles in the whole living structure, must be

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used with caution. Atropine causes a great deal of dryness in the tracheal mucous membrane; the secretion being completely checked in the course of forty to fifty minutes, while the mucous membrane is hyperæmic. The same characteristic dryness is produced after secretion of the laryngo-tracheal nerves. It is evident, therefore, that the action of atropia is exerted upon the mucous-forming cells and upon the terminal nerve filaments which preside over the mucous secretion. Hence, it appears that the action of atropine on catarrhal conditions is not due to its anesthetic properties, but to its action on the secretion of mucus. Morphia and cocaine decrease the mucous secretion to a slight degree and diminish reflex irritability. Cocaine and atropia applied at the same time, produce their special actions, and their combined use is often indicated in troublesome catarrhal conditions with much secretion.

Faculty Address.

By JACOB GEIGER, M. D., St. Joseph, Mo.

Prof. Surgery Ensworth Medical College, St. Joseph, Mo.; Prof. Surgery Marion-Sims Medical College, St. Louis, Mo.

Delivered at the Commencement of the Ensworth Medical College, March 4, 1891.

The gates of your Alma Mater open to-night to dismiss you. Twenty-three of her graduates leave to join the army she has already sent against disease. While it is a moment of sorrow that severs the pleasant relations which have existed between students and teachers, and scatters so many young graduates whom a common toil has brought together into bonds of friendship, it is also time for congratulations for the Ensworth College, that the list of her representatives is to be so greatly enlarged by graduates of such fair promise, to honor her commission and to increase her importance among the schools of the country, and for yourselves, that the successful issue of your studies has been reached. It is a pleasant duty that has fallen to me, on behalf of the Faculty of the College, to present their congratulations to you. I can well enter into your feelings. I am quite certain that you will retain a vivid remembrance of this evening of your graduation, freighted as it is with so much of joy and hope for each: joy in the fruition of your scholastic labors and hope of a future full of honorable usefulness. And well do I know, could the castles your busy minds are now building spring by magic touch into living, visible realities, they would far outrival in the splendor of their tracery and design the romantic beauties of ancient Venice or the gorgeous wonders of the palace of Aladdin. Such day dreams are not unworthy of you at an hour like this. We participate in your happiness, and I but speak the common sentiment of this great assemblage when I wish for you in your future careers unbounded success and perfect happiness. To-night marks an epoch not alone in your career but in that of your Alma Mater as well. Like human life, hers has had its lights and shadows. There will, in all your lives, be few moments happier than this. The goal to which you looked forward when first your thoughts were turned on medicine has been reached. The drudgery of your student life is passed. For you the treadmill of our system, which forces into months

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the work of years, is quiet. The feverish fear of rejection is at rest. The fight has been won, its honors are in your grasp. You rise from the subaltern to the peer. An honorable career is opened to you. Would that it had been permitted all who entered the race with you to share with us to-night our feelings. If some fell from your ranks through indecision, would they might have had some foretaste of the glow of this moment and gathered new strength for the struggle. If penury drove others from the field, pray heaven that fortune may at length smile upon them. If sickness compelled others to abandon the contest, our wish is that returning health may fit them anew to take it up.

And now, graduates, having been admitted to the ranks of the profession and keenly interested in all that pertains to its honor and advancement, it seems to me to be a fitting subject to introduce to you at the commencement of your career—the great question which to-day is agitating our ranks, and that is: What should be the standard of Medical Education? What should be the condition of membership in the profession? Not only in our own country is the ferment perpetually arising in the talk of individuals, in the pages of our journals, in the action of societies, but across the water it equally engages the European mind. I deem this a proper question because there are in the profession those who have declared that the system of instruction and the standard of medical acquirements which prevail in this country are so much at fault that the diplomas which you hold in your hands are worthless as symbols of fitness to practice our art. A defense of those cherished documents, possessed at the price of so much labor on your part, will not, I am sure, be ungrateful to your ears. And should we not not be able to declare that they represent the highest, or even a proper degree of excellence, your voice in the profession will hereafter have much to do in remedying the defects. I propose to place before you the systems of medical instruction with which our own has been compared, and so disastrously compared it is said, to ask your judgment as to wherein our faults lay, and to whose doors they are to be ascribed.

There are but two systems of teaching abroad which differ essentially from each other. One is represented by the British, the other by the Continental schools. Upon the Continent, but two languages are represented by schools of any note. Italy, the former home of medical science, is just awakening from a sleep of years and putting forth efforts to restore the fame of her Padua. San Grado is quoted as the only doctor of Spain. Whatever the activity of the Russian mind may be in the field of medicine, its products are as little exported as its literature. We hear of Pirigoff but of whom else? France and Germany divide the field. In both countries, medical instruction is under the care of the State and is, to a certain extent, a monopoly. The organization of their schools, their method of instruction and requirements for graduation do not differ to any great extent. It will serve our purpose to describe the German school, confessedly at the head of modern medicine. There are various elements that go to make up its excellence; the vast clinical and anatomical fields which are thrown open to medical teaching, the patience and industry of the German character which so closely cultivate their facilities, and the paternal care with which the government fosters its institutions of learning. The appointment of a professor in the faculty of Vienna or Berlin is seemingly

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a matter of as much importance as the choice of a cabinet minister, the whole empire is searched for the best representative for the place, whoever is selected, it is worth his while to accept the place. What with the State aid—certain for life—the fees of students, and, in some chairs, the increase of practice, independence is always, and fortune often times, secure. But it is not the hope of fortune which enlists the teachers mind so closely to science, it is the frugality of his disposition which enables his mind to labor so patiently through ill rewards. The first duty of the professor is to the school and the amount of labor that he is required to perform is sometimes enormous. Billroth's Surgical Clinic occupies nearly three hours a day, five times a week, for ten months of the year, and besides this the care of his vast wards. In the schools of Vienna and Berlin, the corps of instructors, in each, numbers more than sixty, twelve in the faculty proper, who lecture upon medicine in two separate and distinct courses—clinical and didactic—the same number of extraordinary professors, who, in like manner teach the specialties of our art, the remainder being made up of private teachers, assistants in the hospitals, appointed by the faculty as drill-masters. The general hospital in Vienna covers, with its buildings, nearly thirty acres of ground and contains about three thousand beds, and nowhere else do we find such an aggregation of the sick. English and American hospitals are built first for the care of the sick, and, by grace are allowed for medical teaching, which popular prejudice will not allow to be always compatible.

We have little to complain of however, either in the size of our own hospitals or in the privileges we are permitted in their wards, since the cities of New York, Philadelphia, Cincinnati, Chicago, St. Louis, San Francisco and St. Joseph, have hospitals that will compare favorably with those across the Atlantic. It can scarcely be credited that in but one-third of the American States is the pursuit of anatomy allowed by law, and even some of those referred to drive the doctor to the wall. Not long since, the legislature of one of the New England States passed a law providing that no man shall practice medicine in the State of Maine without having first practiced dissection; this is supplemented by a law providing that no bodies shall be dissected excepting those of executed criminals, and the door is finally locked by another law which prohibits capital punishment. Evidently the State of Maine does not want to make doctors. English Parliament passed an act, a few years ago, giving the unclaimed dead to medicine. The hospitals of London do not give a single body to the fifteen hundred students that congregate there. Now and then a miserable denizen of the work-house, yielding up the ghost, supplied science with his body.

In the matter of post mortem examinations, our facilities are greater, when compared with those on the Continent. Rokitansky, founder of the Austrian Medico-Anatomical school, performed, during a period of fifteen years, more than forty thousand dissections. Nor is activity in this department abated to-day. From the beginning to the end, the cadaver is kept before the student and no opportunity is missed to make the dead serve the purposes of the living. In the Continental schools the period of instructions is generally five years, the terms extending over ten months of the year. A preliminary examination is required about equal to that demanded by our literary colleges. The first half of the

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student's life must be devoted to subjects which are fundamental, as anatomy, chemistry, materia medica, as well as the collateral branches of medicine. At the end of his studies, not only is he examined in the theory of medicine but his practical knowledge is tested at the bed side, upon the cadaver, in the laboratory and in the post mortem room.

You are all aware of the requirements for graduation in this country; three years study, two courses of lectures, one winters dissection, with a satisfactory examination on the seven or eight branches of medicine. The objections that have been raised are that no preliminary examinations are required, that the course should also include some or all the collateral sciences of medciine, that the time of study should be extended to three years, that the subjects should be graded with intermediate examinations, that there should be tutorial as well as professorial instruction and that public examinations should be appointed to test the qualifications of candidates. These make up, I believe, the sum of the reforms that have been called for.

So long as the State does not and will not interpose in this matter, and protects, in fact, the practitioner without as well as with a diploma, it is left to be managed by the numberless schools of the country. Personally I advocate a Board of Medical Examiners which alone shall have the right to license persons to practice medicine. I believe it will help us to solve these questions by defining the relations of our profession to the rest of the world. Contrary to the ideas held by many of our guild, doctors form but a portion of the community--a very large one, I am sorry to say--and are subject to the laws which regulate it. I am perfectly certain that what the American people want just now from the medical schools is doctors. If we manufacture anything else, to any great extent at least, it will be a drug on the market, for as the community calls on the schools for doctors, so do doctors call on the community for work and money.

I feel somewhat inclined to apologize at the crude mention of so vulgar a subject as gain in connection with our noble profession. It seems to put it on a level with mere trade. In English law, indeed, the physician's fee was, for a long time, honorary and could not be collected by law. We sometimes think this fashion prevails to some extent in this country; this is the probable cause why so many young physicians fall in love with rich girls, and they are to be pardoned for it because we are not all like Dr. Tanner. I place it on a business basis, money, honorably earned, is a leading object of our profession, and the physician is as much entitled to participate in its possession as the merchant. The profession of medicine is objected to on the ground that it is not remunerative, that its fees are paid slowly and grudgingly, and that the young physician has generally to wait so long before he gains public confidence. They will also tell you that medicine has lost its former dignity, that doctors are not respected as they were when they sported gold headed canes. But this is all a mistake, there was never a time in medicine equal in all respects to the present time. Never was it more respectable or so worthy of the confidence of men. In no age was it ever more instinct with a spirit of inquiry or more progressive, and as to its resources, the improvement is immense in our own times. Giants doubtless there were in medicine in the centuries past, but we who now pursue it, have the advantage in respect to

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time of standing on their shoulders and have thus a wider horizon than the tallest of them command. If the honored lights of the profession of years ago could come back to us, they would wonder at what they saw and feel that it was necessary to take up the study of medicine afresh, they would see, as you have seen this winter, the pain in surgery which was looked upon as inevitable, they would find abolished, and the frightful operations, once so bloody, now performed without the loss of a drop of blood. All their fine theories they would find brushed away, their speculations that appeared so satisfactory, supplanted by ascertained science, and the systems to which they were so wedded, all gone, but they could not help rejoicing, nevertheless, at the improved face assumed by medicine since their day. I have no sympathy with those who continually croak about its standing and its prospects. You will meet with such soon who will illnaturedly try to put you out of conceit with your noble calling.

It tries the patience of young doctors to see their claims so long ignored, and the practice taxes all his patience and powers of endurance when at last he gets it. When doctors wrote in Latin and put their best thoughts in verse, one of them sang:

"Three faces wears the doctor; when first sought,
An angel's; and a God's, the cure half wrought;
But when, that cure complete, he seeks his fee,
The devil looks then less terrible than he."

But this libels human nature. Doctor's bills are not paid more tardily than pew bills, and the merchant and butcher would find it just as hard to collect theirs if they gave as long credit. We do not remember when we thus complain that most of the people in this world are poor, and to them as a class belongs especially the heritage of disease. Emphatically were the words of the Savior addressed to physicians: "The poor ye have always with you," and their ability to pay medical bills is apt to be the one straw more than the camel's back can bear. In the daily life of the physician, he is often called upon to perform acts of mercy, he is promised a reward of higher recompense than gold or silver. The great Boerhaave said: "The poor are my best patients for God is their pay-master." The generous old Dr. Samuel Johnson, described medicine as a "melancholy attendance on misery, a mean submission to peevishness, and a continual interruption of pleasure." To my mind it is a recommendation of the medical profession that it brings us into contact with the gentle and the pure of the world, though peevish, rather than with the unprincipled and abandoned; with sick women and children rather than with rogues and murderers. Doubtless such association fosters a feeling of self-esteem and may beget a tyrannical temper. Men who measure themselves habitually with others who receive implicitly their opinions and yield without a word to their command, are apt to grow conceited and impatient of contradiction, but this weakness is effectually cured by larger association with men of business and other professions.

It is a grave charge often brought against medicine that its pursuit is not friendly to the Christian faith. I think the allegation is unfounded, or if there be any foundation for it, it grows out of the fact that physicians find in their professional engagements an excuse for neglecting the chief means of confirming relig-

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ious faith. Too often "Sunday shines no Sabbath day" to the physician in laborious practice, and too often the excuse of business is made by others not engaged who have no regard for the day. The neglect of the church then, and not anything in medicine, is the cause of infidelity. Medicine is the study of nature and I need only to remind you of the remark of the old pagan anatomist that the human frame is a perpetunl hymn to the creator. The profession of medicine is toilsome, anxious, often irksome and vexatious, always responsible you will find it. But it is worthy of all the respect you can bestow upon it, worthy of your admiration and all your energies. In an age when its curative resources must have been very small, Homer said:

"A wise physician skilled our wounds to heal,
Is more than armies to the public weal.

It will give you independence if you pursue it industriously and social position if you show yourselves worthy of your profession. It opens up to you as a study boundless fields of inquiry, and in its highest problems affords scope for the exercise of all the faculties of your mind.

Now graduates, there are many elements of success. In seizing the reins of the Esculapian steed, you are, as it were, grasping the poles of an electric battery, whose successive shocks will shake almost every tenet of your student faith and threaten you with absolute scepticism. I trust, however, that you possess a nature that will not falter when the fancies you have builded in student life fall before the realities of actual practice. You have studied with commendable zeal descriptions of disease and the action of remedies, but you have yet to study the nature of mankind and learn humanity as well as diseases. It is often a complaint of the smart young graduate that Dr. Blank, his neighbor, whose ignorance of medical books is locally proverbial, has so much practice, while all his knowledge lies idle in the well filled vaults of memory, waiting in vain for a requisition from the sick. Versed as this young doctor is in pathology and therapeutics of grave diseases, he may now and then teach his senior a valuable lesson, but he will soon find in return much that is worth knowing in the so-called hard sense of his successful though unscientific elder brother. I do not purpose by this assertion to underrate the valuable knowledge you have thus far gained. Foster it and be proud of it. But what I wish to impress upon you is that such knowledge forms but one part of all that is required in the superior physician. Moderate success may be won with a knowledge of books alone, but both of these must be combined in order to insure that high success to which I trust each of you aspires and, while the elements of the former must be instructive with the possessor, they are, nevertheless, susceptible of a high degree of cultivation. How is this cultivation best advanced? An eminent philosopher has recently written "this faith in lesson books and readings is one of the superstitions of the age. Even as appliances to intellectual culture, books are greatly over-estimated." Something gathered from printed pages is supposed to enter into a course of education, but if gathered by observation of life and nature is supposed not to thus enter. Reading is seeing by proxy, is learning indirectly through another man's faculties, instead of through one's own faculties. Some men are born to lead and some are born to be led. The tendency of reading to the neglect of observation and due reflection is greatly to narrow one's mind,

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and of all men, the doctor should cultivate a broad and liberal spirit, sedulously avoiding ruts as dangerous to both his usefulness and happiness.

Among the various benefits which a broad and liberal culture is apt to bestow upon man is naturalness—an unconstrained ease of manner. One cannot read Hamlet's advice to the players without being struck with the applicability of much of it to the newly fledged doctor. To be natural is to him every way most desirable. There is nothing more distasteful to persons of taste, than a pompous doctor, whose long scientific terms, solemn airs, and funeral garb, always passes for a cloak to ignorance. An ostentatious mannerism is a very different thing from that easy dignity which intuitively adapts itself to surroundings with a readiness which marks true gentility. If then your ambitious aim is high success, you must combine the observation and study of social life and of nature with the observation and study of disease and read general literature as well as medical. Do not think that because you have made yourselves doctors you have done all that is required of you. You have other duties to society than to give it physic. Be prepared to leave the shop behind, cultivate your minds on other subjects, cultivate your hearts. Great as may be your skill in diagnosis and deep in the resources of your therapeutics, without sympathy, you must often fail. It opens a world closed to mind alone and soothes where medicine is powerless. Who among you would not rather have a soul of kindly sympathy in his nature ready to respond to the sorrows or the joys of others, than to be a mere machine, with no ideas above pills and potions. I make this plea for more varied intellectual cultivation in our ranks, convinced that one of its most certain effects will be, not only to makes us better and happier as men, but to make better doctors of us, and give a more exalted position to our vocation, which is justly called one of the learned and liberal professions. I do not wish to neglect giving due prominence to the importance of your being profoundly versed in your own special science, your chosen calling must ever stand first to you, the medical literature in its newest and best form should be eagerly sought for and carefully studied by you, that patient, pains, taking care and watchfulness must ever be unfailing traits of your character, your life will be one of great responsibilities, demanding untiring mental and physical energies. I wish to arouse in you now, in the plasticity of your young manhood, an ambition not by any means incompatible with your great life duties. Your student life has been called the "novitiate of that true nobility of our times, the aristocracy of intelligence." The true nobility rather of all time, and on whose royal roll, mingled with the names of Plato and Galileo, of Goethe and of Newton, shine those of Sydenham and Chomel, of Rush and of Niemyer. A nobility which, like those by monarchs made, has fought even to death in defense of a cause, but which unarmed with fire and sword, has ever battled for truth and right against error, superstition and wrong. Its aims, unerringly, the elevation of mankind, dispensing true charity with a lavish hand, illuminating the darkness, planing down the rugged places, and bridging over the deep abysses, enlarging its powers from age to age and opening its teeming vaults that a whole world may enjoy the blessing that its wealth bestows—a glorious nobility whose untainted letters patent, kings can not cancel and wealth can not purchase. It had its cradle among dynasties long since passed away. In the age of tyranny and oppression its

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lamps still burned, though hid for the hour in the attics of its faithful votaries, but now that growth of national and religious liberty of which it is the father, has untrammeled its bands and widened its scope of usefulness. No age, no principle of government has ever existed so favorable to the growth of its power as ours. By education, by history, by all the laws of social life, the physician belongs to the lofty brotherhood of learning. And yet, how few of the profession in this land feel the grand import of this trust. The physician who lowers his calling to the level of ordinary, mercenary pursuits rarely amasses wealth, and invariably sacrifices a higher and purer joy, the joy of being one of the noblemen of letters. He feels so often the littleness of his compensation, he sees so soon the vanity of his hopes, and if he adheres to his calling, does so regretting that he has assumed a life of hardship and small reward. That so many follow this course is not surprising. In a land where money is so universally worshipped, we need not wonder if the scholar, too, prostrates himself at that fane. Such should not, however, be, and the day will surely come, here as well as in older lands, when aristocracy of learning will hold undisputed supremacy. In the midst of that engulfing tide of mankind which rolls to-day through every avenue of this fair land, resistlessly seeking for wealth, you stand witnesses rather than participants. But in the purer stream which flows from the Pierian fount you may find, if you will, a proper channel for your intellectual training. Never forget then that the diploma which you now hold certifies that you are enrolled in the "aristocracy of intelligence" and let it ever be your proud ambition, as you advance in years, to advance also in scholarly wisdom.

Graduates, we expect you to do your duty towards preserving the honor and dignity of the profession, we expect you to transmit your profession, unimpaired in dignity, to those who shall come after you. Your Alma Mater has put her stamp upon you to-night in full confidence she has not erred in selecting you to represent her. Graduates, to-night means home, it means family and friends, it means sweethearts and wives. Soon at the feet of the loved ones who have watched so anxiously throughout the contest shall be laid the laurels of victory. It is the fate of professional life that youth should carry with it distrust, but keep a stout heart. There may be a period of waiting, but there is certainly a prize for those who wait aright. It was ten years before Eldon got his first brief and he rose to be Lord Chancellor. Paget, who disputed recently with Ferguson, the leadership of British Surgery, and whose practice was estimated at $75,000 per year, was engaged ten years before he had sufficient to marry. It is said of Frederick Chambers, who, late in life, did such a practice in London that his hours were engaged for weeks ahead, that when he was fifty years old, people objected to consulting with him on account of his youth. But the world is growing wiser on this point. At any rate you have the advantage of the lawyer, if what a great jurist once said be true, that medicine is quicker than the law, for people will trust you with their lives sooner than with their money. But I know how bright the world looks to you to-night. It stretches its neck before you to receive your conquering heel, full of hope, full of enthusiasm, of honest purpose, no achievement to-night seems impossible. I would not throw a single line of doubt or mistrust into this picture. I would not have you for one instant, at such a time as this, to believe that in

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the great lottery of professional life there is such a thing as a blank. When Sydenham stood as you do, such, no doubt, was the outlook to him, such was it to Hunter, Ferguson, Rush, Gross, Flint and Koch. The world bowed to them, why may it not bow to you? Then go, and may joy mingle its sweets with the blessings your Alma Mater sends with you through life. Go proudly to those who await you. Go bravely to the duties in store for you. Go confident in your power to sooth the brow of pain. Go faithful to her who has trained you and taught you the rudiments of your art. She will not forget you. She will never lose her watchful interest in you. In your prosperity, she will rejoice with you, and should reverses befall, she is ready and willing to sustain you. Her words of parting council are those of peace and love. She bids you remember the ties of brotherhood; to be slow in thinking evil of a brother, quick to defend and charitable where fault is manifested. Life has enough asperities without your adding one jot to the burden. Forbearance and charity are the central jewels of earth's richest diadem, and brotherly love is the sum of human perfectness.

Farewell.

Argyle-Robertson Pupil.—At the February meeting of the Berlin Medical Society, Mendel read an interesting paper on this condition, of which the following is a condensed abstract taken from the *Centralblatt f. pr. Augenkeilkunde*, February, 1890: In 1869, Robertson first called attention to a special symptom in patients suffering from nervous disease. In eyes of normal vision and appearance the pupils failed to show the least direct reaction to light, contracting, however, readily on accommodation for near objects or on convergence. His observations were confirmed by other observers, and Erb showed that this symptom appears especially in two diseases, namely, tabes and the progressive paralysis of the insane, and in them so constantly as to be of considerable value in diagnosis, more especially as it is an early symptom, indeed sometimes the earliest. We should therefore be on the watch for it in suspected cases. In consideration of the importance of this symptom it is natural to ask where it is localized, with what changes in the nervous apparatus associated, or by what produced. An affection of the optic nerve will not produce it, as the Argyle-Robertson pupil may be found for years without change in visual acuity, neither can it be due to changes in the peripheral oculo-motorius, as it is hard to see how these nerve-fibres could act to accommodation and not to light stimulus. It only remains, therefore, to accept the view that the defect is somewhere in the so-called "central reflex bow." The first experiments in this direction were by Flourens, who located the seat of the symptom in the corpora quadrigemina, where, according to his view, the nervous stimulus is transferred from the optic to the oculo-motorius. His opinion has been maintained up to the present time by ophthalmologists, and Magnus sketches the following course of the stimulus: Optic tract, corpora quadrigemina, nucleus of the sphincter iridis, and lastly oculo-motorius trunk to eye. That this view is false, Mendel believes to be shown by the experiments of Oudden, who removed the corpora quadrigemina without observing any interference with the pupillary movements. The seat of the nervous transmission can therefore not lie in them, and Gudden locates it in the external corpus geniculatum, without, however, offering any proof

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in support of his belief. Mendel, in his experiments, removed the iris as completely as possible in new-born animals (dogs, cats and rabbits). Phthisis bulbi or suppuration destroyed the majority of such eyes; some, however, were preserved which showed during life no impairment of the visual act. All his results showed the following conditions: In those cases in which, in consequence of destruction of the eye, the optic nerve atrophied, there was found in the brain a demonstrable atrophy of the external corpus geniculatum of the opposide side—results already published by Gudden and his pupils. In addition, however, he has found, even when the eyeball was preserved, all atrophy of the ganglion habenulæ of the same side. When in all cases during life the single abnormal symptom is absence of iris-function, and after death an atrophy of the ganglion habenulæ of the same side is found, one is certainly justified in believing that it is the center for the iris-movements. That it is a reflex center is evidenced by other appearances; as the fact that the pupillary fibres of the opticus in part enter the ganglion habenulæ. Besides, Gudden, although regarding the external geniculate body as the iris-center, reports that removal of the anterior corpora quadrigemina causes no disturbance of the pupillary movements, such disturbance, however, following the removal of a "prominence" in front of them. This prominence is obviously the ganglion habenulæ. In support of his views Mendel mentions that Bechterew and others have in various ways come to the belief that the center for pupillary movements lies in the wall of the third ventricle, and especially at its posterior part. This belief corresponds fully to the experimental results obtained by Mendel. The question as to the course of the fibres from the ganglion habenulæ to the oculo-motorius is answered by Mendel as follows: He found the ganglion habenulæ of both sides connected by a commissure, corresponding to the lowest part of the posterior commissure. This would be in accord with the physiological postulate that the pupils act symmetrically. The commissure showed a certain degree of atrophy on the side of the atrophic ganglion, which could be traced into the posterior commissure, so that according to this the course of the fibres from the ganglion habenulæ to the oculo-motorius would be through the posterior commissure. It is further remarkable that with changes in the pupils, the nucleus of the oculo-motorius was constantly normal. Mendel found, however in the cell-accumulation of Gudden's nucleus, a difference between the two sides. This cell group is situated below the oculo-motorius nucleus, and Mendel traces out the "central reflex bow" thus: Retina, optic nerve and tract, ganglion habenulæ of the same side, posterior commissure, Gudden's nucleus, oculo-motorius and spincter iridis. In man a decision will be only possible after carefnl examination in tabies and paralysis of the exact spot located by Mendel as the pupillary center. Some scattering observations, in part confirmatory, have already been made, though Moeli was unable, in cases of Robertson pupil, to detect any atrophy of the posterier commissure (a reference by Senator in the discussion of Mendel's paper). While the Argyll-Robertson pupil occurs in mydriasis as well as myosis, it is especially observed in connection with the latter.—*Brooklyn Medical Journal.*

Dr. Bransford Lewis, (late of St. Louis *Weekly Review*), will contribute regularly to the Medical Herald during his extended European tour.

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DEPARTMENTS

GENERAL MEDICINE

Pernicious Effects from the Use of Turpeth-Mineral as an Emetic.—In view of the fact that authorities are not harmonious in their opinion regarding the employment of turpeth-mineral as an emetic, a report of the following case may prove of interest: A. W——, aged three years, was affected with acute catarrhal laryngitis. In the course of the attack it was deemed proper to give an emetic, and the yellow subsulphate of mercury was the agent selected. Three grains of this preparation was given in water, and was followed in a few minutes by apparent nausea and some ineffectual efforts at vomiting. Fifteen minutes later a second dose of three grains was given with the same results. When it became evident that the amount of turpeth-mineral taken would not produce the desired effect, a few grains of ipecac was administered, which shortly excited free emesis. In 12 hours from the time of taking the turpeth-mineral the patient became affected with a diarrhea which lasted 24 hours. Later it was observed that the gums had become swollen and tender, and that two or three small ulcers had formed in the mouth. Within a few days all these symptoms had subsided, fortunately leaving no bad results. Catharsis, so far as I am aware, is nowhere described as a result of the use of turpeth-mineral. On the contrary, it is stated in the U. S. Dispensatory that Dr. Hubbard "recommends it highly as an emetic in croup, on the grounds of its promptness and certainty, and of its not producing catharsis, or the prostration of antimony." In the present case however, the free purgation could hardly be ascribed to any other cause than the mercurial preparation. The fact of a considerable degree of salivation having been produced, is also noteworthy, as ptyalism is said to be of rare occurrence in young children. Turpeth-mineral is recommended as an emetic in most of our standard works on practice. In referring to the employment of emetics in croup, Flint says: "Substances used should be those which excite prompt and efficient vomiting, without producing prolonged nausea and depression. * * * Ipecacuanha, powdered alum, turpeth-mineral and the sulphate of zinc are among articles which may be selected. Of these articles the turpeth-mineral acts promptly and efficiently without much depression or nausea." A. Jacobi, in reference to the same subject, says: "When they are required, antimonials ought to be excluded from the list. Ipecac, sulphate of zinc, sulphate of copper, turpeth-mineral are preferable." Again he says: "Turpeth-mineral, in a dose of from 3 to 5 grains repeated in six or eight minutes, acts quite well." Bartholow also advocates the use of this agent. He says: "There is, however, no doubt as to the value of the yellow sulphate (turpeth-mineral) as an emetic in this disease (true croup). If given early, so high an authority as Dr. Fordyce Barker, of New York, claims that a fatal result will most certainly be averted. From 3 to 5 grains of the subsulphate may be given as an emetic for a child with croup. Serious results might be produced by this dose, if emesis did not so promptly follow." On the other hand, the National Dispensatory strongly condemns the use of turpeth-mineral. A number of cases of poisoning through its exhibition are there cited, some of them resulting fatally, though the ordinary dose was not exceeded. The Dispen-

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satory concludes that "the employment of so dangerous a remedy in a disease (spasmodic laryngitis) which involves no danger to life is inexcusable. The emetic action of this preparation is the first stage of its poisonous operation. * * * It seems to be a superfluous article of the materia medica." While it is doubtless true that injurious results from this drug are extremely rare, yet as such results sometimes do occur, and as we have other agents perhaps fully as efficacious in their action, it would seem that it is not deserving of the high position it now occupies in the estimation of so many eminent therapeutists.—*Occ. Med. Times.*

The Contagiousness of Chronic Urethral Discharges.—The practicing physician is frequently called upon to answer inquiries regarding the limit of the contagious stage of a gonorrhœal urethritis. The question is a serious one, especially when considered in its relation to marriage, and should, I believe, be regarded as equal in importance to that of syphilis. It has not infrequently been my experience to be consulted by young men, a few weeks or months before contemplated marriage, with a history of one or more attacks of gonorrhœa in former years, and who believe themselves to be well; yet who upon a careful examination present the unmistakable signs of chronic urethritis. The only evidence of disease remaining in these cases may be and frequently is the presence in the urine of small thread-like bodies, to which the name of *tripper faden* has been given by the German surgeons who first described them and demonstrated their importance. These minute shreds are composed of mucus, pus and epithelium; and represent the secretions which adhere to any granular patch or area of chronic inflammation remaining on the urethral mucous membrane. As these cases have often caused me no small measure of anxiety, it is the object of this communication to call attention to the opinions of some of our most prominent authorities upon the subject, and to elicit the views of those present whose experience has been greater than my own. In consulting the standard authors upon the subject of genito-urinary diseases, one is impressed by the marked difference of opinion, regarding the contagiousness of chronic urethral discharges, held by those whose reputation and experience entitle them to the foremost position in the discussion of this question. Since the discovery by Neisser in 1878 of the gonococcus, and the establishment of its relationship to this disease, but one opinion can logically be held by those who accept his theory of gonorrhœal inflammations, and that is, that all secretions containing this micro-organisms are capable of transmitting the disease under favorable conditions. In his recently published work upon this subject, Ernest Finger emphasizes this point and states regarding marriage, that it should be absolutely prohibited in all cases where the existence of a chronic urethritis is evidenced by the presence of the "morning drop" or *tripper faden* in the urine, until the following facts have been established: 1st. That after from two to four weeks of daily observation, the secretions from the urethra are found to be *free from pus and made up wholly of epithelial cells.* 2d. That no gonococci can be detected by the microscope, even after a purulent discharge has been established by the employment of irritating injections of corrosive sublimate or nitrate of silver; and 3d. That neither prostatitis nor structure exist. In reviewing the records of nearly one thousand cases of urethritis treated by me during the past five years, I find that in six instances I was consulted regarding the

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propriety of marriage under circumstances similar to those which existed in the case reported above. My rule has always been in such cases never to allow marriage until at least three months had elapsed since the cessation of all acute symptoms, and until repeated examinations of the secretions (including the *tripper faden*) had failed to show the presence of gonococci. In the six cases referred to, these conditions were observed—and in no instance has the wife exhibited the slightest evidence of infection. It is to me somewhat surprising that, in most of the recent works on this disease, little or no attention is given to this very important subject, whereas the question of syphilis and marriage has occupied the attention of a very large number of writers. I think I am justified in saying that it is the opinion of those acquainted with the subject, that far more suffering and incurable disease in woman can be attributed to gonorrhœal than to syphilitic infection. In conclusion allow me to urge upon all interested in this subject the necessity of unusual care in examinations undertaken with a view to forming an opinion regarding the propriety of marriage, in those who have been the subject of gonorrhœal urethritis. The safest method would be to follow the advice of Finger as quoted above; certainly none should assume the responsibility of sanctioning a marriage without at least imposing the conditions which it has been my custom to insist upon, before I became acquainted with the views of this distinguished authority.—*Brewer in Jour. Cut. & G. U. Diseases.*

The Mothers Age.—"It is estimated that the human race has existed for about 85,000 years, 60,000 in savagery, 20,000 barbarism and 5,000 in civilization. During the whole of the first two periods and a large part of the latter, while the men defended the tribe the women had the sole ownership of and the duty of providing for her children. Many interesting points are brought out from a study of the traditions of these earlier ages. We are told that the period of woman's supremacy lasted through many centuries—undisputed, accepted as natural and proper wherever it existed, and that this period was called the Matriarchate, or mother age. It was plainly traceable among the Aryans, the Germans, the Persians, and indications of it are still seen among uncivilized tribes and nations. Careful historians now show that the greatest civilizing power all along the pathway of natural development has been found in the wisdom and tender sentiments growing out of motherhood. For the protection of herself and her children woman made the first home in the caves of the earth; then huts with trees in the sunshine. She made the first attempts at agriculture; raised grain, fruits, and herbs which she lerrned to use in sickness. She was her own physician; all that was known of the medical art was in her hands. She domesticated the cow and the goat, and from the necessities of her children learned the use of milk. The women cultivated the art of peace, and the sentiments of kinship, and all there was of human love and home life. The necessities of motherhood were the real source of all the earliest attempts at civilization. Thus, instead of being a "disability," as unthinking writers are pleased to call it, maternity has been the all-inspiring motive or force that impelled the first steps towards a stable home and family life. Clearly the birth of civilization must be sought in the attempt of woman at self-preservation during the period of pregnancy and lactation. The oldest, the wisest, the most mysteriously powerful, of the Teutonic deities are female. Jacob Grimm

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said of the German goddesses years before modern investigations had brought the mother-age to light, "They are conceived of peculiarly as divine mothers, (gottermutter) traveling about and visiting mortals. From them mankind has learned the business and the arts of housekeeping, agriculture, cattle raising, spinning, weaving, sowing, reaping, as well as watching the hearth. These labors bring peace and rest to the land and the memory of them remains firmer in pleasing traditions, than war and fighting, which like women, the majority of the goddesses shun." Karl Pearson says: "A truer although unconscious tribute to the civilizing work of women, can hardly be imagined. If we add to the arts mentioned by Grimm, the art of healing, the elements of religious faith as a tradition, and the runic art of writing, we have a slight picture of what woman accomplished in the centuries which intervened between the promiscuous period, and the complete establishment of the father-age."—*The Nightingale.*

Traumatic Neurosis.—Schultze (*American Journal Insanity*), says there are different kinds of psychoses and neuroses produced by trauma, but there are no "traumatic neuroses," and it is better to use the name of the disease present. Concentric contraction of the field of vision and anæsthesia are often wanting, and are not characteristic. So-called cases of "traumatic neurosis" are often the product of simulation and aggravation. No definite criteria for simulation can be laid down at present. An animated discussion followed, in which a large number of prominent men took part. Nothing of importance seems to have been brought out by it except a very wide diversity of opinion as to the frequency of simulation in such cases, and the case of its detection.

Columbia College and the College of Physicians and Surgeons of the City of New York. By the new arrangement made between Columbia College and the College of Physicians and Surgeons of the City of New York an old medical school is to be supplied with a handsome endowment. The Medical School becomes an integral part of Columbia, exactly as are the Law School the School of Mines, the School of Political Science, etc. The trustees of the present Medical School go out of existence, having previously transferred to the trustees of Columbia their land, buildings, equipment, and their small endowment fund. Columbia agrees to use all that she receives from the Medical School for purposes of medical education forever; she agrees to use all gifts that may hereafter be specifically given to the Medical School for the same purpose, as well as all fees for tuition and other receipts from the Medical School. As her first installment from her general fund for this purpose she has agreed to spend upon the Medical School during the first year of the union, one hundred and twenty thousand dollars ($120,000), and she understands that this sum does not represent the limit of the actual budget that she will be likely to vote for medical education. This sum includes the estimated receipts from students' fees — about $80,000. Columbia guarantees forever to the governing faculty the right of nomination to all teaching positions in the school. The *governing faculty* is understood to include only the incumbents of the seven primary chairs and their adjuncts. Their agreement goes into effect on the 1st of July, 1891. Bills are now before both houses of the State legislature author-

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izing the surrender of their charter by the trustees of the College of Physicians and Surgeons. It seems probable that the establishment of these relations between Columbia College and the Medical School, which had previously been only nominally connected with the College, will lead, at an early date, to the addition of a compulsory fourth year to the medical course, under conditions ensuring permanence, and a favorable influence upon the elevation of the standard of medical education.—*Boston M. & S. Journal.*

Intestinal Absorption.—Dr. Leubusher (*La Medicine Moderne*), arrives at the following conclusions: Quinine and morphine, even in the weak solution, diminish intestinal absorption. Morphine exercises the same action, even when it penetrates into the organism by the hypodermic method. Alcohol in very weak solution (one-half to two per cent) increase absorption, but it rapidly diminishes it when the solution is made stronger. Glycerine has no action in this respect. Chloride of sodium in small doses increases absorption. Carlsbad water is without influence. Experiments made on man show that the iodide of potassium is eliminated slowly when it has been administered in concentrated alcoholic solution. In the urine the iodide is more rapidly and abundantly eliminated when it is given in a moderate amount of alcohol. In glycerine, water, or milk, the iodide is less rapidly eliminated by the urine.—*Therapeutic Gazette.*

GENERAL SURGERY.

Can Syphilis be Contracted from the Suppurative Sores in the Horse.—Several years ago, I treated a man for well-defined syphilitic iritis, who at the same time had other positive evidences of secondary syphilis. This man gave the following history of the inception and progress of his trouble, and I think he told the truth so far as he knew it. At all events, I believed his statement at the time. He had a horse which he worked in a dray, and depended upon that kind of business for his living. The horse's neck, where the collar worked upon it, suddenly swelled up to an enormous size and soon broke and discharged most profusely. A suppurating, fistulous sore was the result. Being anxious to have the use of the horse, the man washed and dressed the sore regularly, using a sponge for that purpose. During the progress of the treatment, the man accidentally mashed one of his fingers in driving a nail, making a break in the skin. Immediately after the next washing of the horse's sore neck, this finger swelled up suddenly, involving the whole hand and arm, making the man at once seriously ill. His description of the trouble pointed to erysipelas, but enormous abscesses formed later, first under one arm and then under the other, and still later in various other parts of the body. In the meantime, discolored spots in the skin developed. Still later, intense inflammation in his eyes came on; were intensely painful and lasted for several weeks. Old adhesions between the irides and the lenses proved that the inflammation was acute iritis. When I first saw him he was suffering intensely with syphilitic rheumatism, with nodules on the shin bones, and with tender spots in the periosteum of the long bone. Had also a large ulcer on one leg, and lymph exudations in the pupils, making the vision very dim.

Diagnosis. Beyond all question, syphilis far advanced in its second stage.

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The usual anti-syphilitic treatment proved positively the correctness of the diagnosis. The intense pains promptly ceased, the nodules and sore spots rapidly disappeared, the ulcer on the leg quickly healed, and the lymph exudations in the pupils largely absorbed, greatly improving the vision. That the man had genuine syphilis, there is no question. I believe he contracted the disease from the suppurating sore on the horse's neck, in the manner as described. He communicated the same disease to his wife, with the usual symptoms and course. The same anti-syphilitic treatment promptly relieved her completely.—*St. Louis M. and S. Jour.*

OBSTETRICS AND GYNECOLOGY

EDITED BY F. G. THOMPSON, M. D., C. M.,
ST. JOSEPH, MO.

Belladona in Early Stages of Labor.—A discussion reported in a recent number of an English journal upon the management of the early stages of labor has suggested to me the possible advantages of advising the use of a drug which, in my practice, has been of immeasurable benefit, saving considerable pain to the patient and materially diminishing the expected period of the labor. In primiparæ especially we often find, after a prolonged period of "pains" of more or less intensity, that the os has not enlarged beyond the size of a shilling, with thin sharp edges, and, although the pains are fairly rapid and apparently severe, the progress of dilatation, while not entirely suspended, is excessively slow. With this condition, the inexperience of primiparæ helps to induce a form of general irritability, tending to still further delay and distress, and perhaps ultimately to complete inertia. On recognizing the earliest stages of this condition, as well as the more intense one of a completely rigid os, where, with extreme contractions no dilatation whatever occurs, I have given large doses of belladonna with marked and in some cases most startling effect. Dr. Playfair, in the discussion referred to, commends the use of chloral in cases similar to those above briefly described, but, apart from the marked tendency to vomiting engendered by the chloral, in my hands the belladonna has acted more decisively and effectually. It would be waste of space to enter into details of cases, but within the last three years I have invariably used it in any case which suggested a prolonged first stage, with a consistent result—a decrease of pain and an increase in the rapidity of dilatation. The dose usually given was either twenty or thirty minims of a reliable officinal tincture every hour, or oftener. I can not recollect having to give more than three doses, satisfactory dilatation usually following the first or second draught. Belladonna is retained more readily than either chloral or opium, and although it was taught that vomiting had a tendency to relax rigidity—presumably by reflex action through the sympathetic apparatus, the fatigue caused by this unpleasantly depressing operation more than compensates for any possible benefit. If the publication of this memorandum should direct sufficient attention to this special use of belladonna, I would strongly advise any who should try it not to give less than twenty minims; a smaller quantity would be unsatisfactory. Let me also state that, while wishing to avoid physiological reasoning in a purely practical paper, a reference to "Ringer's Treatise on Therapeutics" on the action of belladonna upon the spinal cord will

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clear this suggestion from empiricism. Of course, it may be inferred that hypodermics of atropine should answer more effectually, but the use of the somewhat painful needle is surrounded by a halo of suspicion which unnecessarily alarms the patient, and, when the "draught" is free from this objection and answers the purpose, why cause needless alarm? Much has yet to be said and written concerning ethics of the surroundings of "women in travail."—*M. Asher, L. R. C. I., L. K. Q., etc., Lithgow, N. S. W., in Australasian Medical Gazette.*

Medical and Social Aspects of Abortion. At the Third General Meeting of Russian Medical Men at St. Petersburg, Dr. Natalia V. Thalberg, a woman doctor of Kiev, read a communication (Proceedings, No. 8, 1889, p. 256) on criminal abortion, and a rational struggle against that steadily progressing social evil. She says that a considerable number of cases of artificial abortion give rise to grave and permanent disturbances in the woman's health, not unfrequently ending in death. Both in Western Europe and also in Russia, criminal abortion has at present attained great dimensions and manifests unmistakably a harmful influence on the health of the population. A truly regretful circumstance is the increasing assistance in the matter rendered to women by the members of the medical profession; and its ill-effect is enhanced by the fact that often medical art proves powerless to obviate the injurious effects of the abortion it produces, due especially to a hasty and clumsy performance of the operation, and also to the violation of elementary rules of precaution during the after-period. Apart from austere views entertained by modern society in regard to an extra-matrimonial pregnancy, and from increasing poverty, the main causes of a progressive increase of abortion are: defective moral and mental education of women, and woman's ignorance of the criminality of abortion, and especially of its harmful effects on her own health. An indirect but still powerful cause of the spread of abortion is found in the defective sense and principles of those members of the medical profession who render their assistance in the matter. In view of these facts, a rational struggle against the evil demands joint action by the authorities and by the medical profession. The initiative in the matter belongs undoubtedly to the profession, since the medical man, whom both married and single women solicit to procure abortion, knows best the consequences of its performance. Hence, an imperative duty arises for the profession to draw the attention of the community to the evil, to elucidate its causation, and to find out effective means for its prevention. Dr. Thalberg suggests the following measures to restrict criminal abortion: 1. To reduce to the lowest point possible the legal punishment of women who have abortions performed, since severe laws have not served to prevent them from undergoing the operation, while they act powerfully in restraining them from denouncing the abortionist. 2. To disseminate knowledge of the injurious effects and dangers of abortion, by means of pamphlets, public lectures, etc. 3. To establish numerous lying-in hospitals and homes for foundlings all over the country. 4. To promote the education of women tending to elevate their mental and moral level. [Our Russian translator suggests that we may take the liberty to express doubt in regard to the actual degree of effectiveness of measures proposed by Dr. Thalberg. Obviously, her methods are nothing else than mere palliatives. However humane, they do not touch in the least the cardinal eti-

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ological factors of the social evil. Those factors are (1), in Russia, an appallingly progressing wholesale pauperism which, on one hand, makes the establishment of a "legal" family less and less accessible, because of its expensiveness; and, on the other hand, converts the appearance of every child into a true disaster, and (2), the ethically immoral moral codex of the modern "civilized" community, which sentences to moral death every unhappy woman who, having no possibility or opportunity to establish a "legal" home, gives way to temptation to the performance of her sexual functions. He says that only those measures can prove effective against the slaughter of intra-uterine children, which honestly and courageously strive to improve the economical conditions of the community and to humanize the moral codex of the latter. None of the great social evils undermining the modern community can possibly be remedied by moralizing or by legal or hygienic trifles which leave intact the essence of the matter.]—*Med. & Sur. Reporter.*

Operations for Myomata Uteri. The histories of thirty cases in which operations were performed for myomata uteri are given by A. Martin (*Ztsch. f. Geb. u. Gyn.* xx. I.) in detail, and the following conclusions represent the author's views at the present time: 1. Enucleation per vaginam should be limited in cases in which the tumor is of small size and in which there is already a tendency to extrusion. 2. If the uterus is the seat of myomata, but is still movable in the pelvis, the tumors being small relative to the caliber of the vagina, extirpation of the uterus per vaginam is to be recommended in case the condition is one which calls for operative treatment. 3. Large tumors which must be attacked by the abdominal cavity should be removed without the removal of other structures if possible. Whenever it is possible, the ovaries and tubes should be allowed to remain, together with a sufficiently intact uterus for the performance of its customary functions. 4. Enucleation of myomata during gestation, by abdominal section, may be regarded as a perfectly proper operation in the light of present experience. 5. If the uterus cannot be retained it should be removed entire with the tumor, the question as to the intra-peritoneal or extra-peritoneal treatment of the pedicle being a matter upon which no positive directions can be given at present.—*N. Y. Med. Journal.*

Danger of Vaginal Injections.—Dr. Roulin, (*Journal de Medicine de Paris*, December 14, 1890), describes three cases where women suffered from severe symptoms after the use of vaginal injections, administered by themselves when in a sitting position. They first used a douche can, fixing it rather high on the wall. Immediately after the injection violent hypogastric and lumbar pain set in, followed by vertigo and vomiting. The abdomen was not sensitive on pressure, though pain was intense. Metrorrhagia followed and lasted for two or three days, but the pain ceased in twenty-four hours. The second case was almost precisely similar, excepting that the patient had used a hand syringe, and the symptoms were less severe. The third case also used a hand syringe. She felt a pain like a blow across the belly, but continued the injection; when it was ended lumbar and abdominal pains came on severely, with rigors and chattering of the teeth, but no vomiting. The symptoms recurred on the next day when the patient got up, but on the third day she felt well and free from pain. Dr. Roulin employs laudanum

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enemata for these cases. The cause of the pain is obscure. The fluid rushing into the uterine cavity may act as a foreign body and set up conditions sometimes provoked by catheterism. The admission of air into the uterine sinuses has been, according to Depaul, the cause of sudden death during douching of the cervix to produce abortion. Dr. Roulin believes that water may have entered in his cases. He insists that patients must be taught how to administer vaginal injections to themselves. The patient must lie on her back and only introduce the nozzle for a short distance; nor must she play too strong a jet fluid into the vagina.—*British Medical Journal.*

MATERIA-MEDICA.

Clinical Observations on Some New Pharmaceutical Preparations. In a paper read before the thirty-fourth quarterly meeting of the North Central Ohio Medical Society, held at Mansfield, Ohio, September 26, 1890, Dr. R. Harvey Reed, of Mansfield, says:

"Every age in medicine and surgery has had its fanatics, who seemed to live for little else excepting to ride some particular hobby to death; whilst, on the other hand, every age has had its old fogies who would rather perish than turn an inch to the right or left of the old time-worn rut of their forefathers. The hundreds of worthless 'new remedies' that are placed before the profession for their patronage from year to year, is enough to disgust them with all new remedies. It seems to me that many of our manufacturing chemists spend the bulk of their time seeking for something that is *new*, regardless of its real merits or value. If only they can strike the profession with a 'new remedy' of some prescription or other, they are perfectly happy. But with all these criticisms we must admit there is now and then a new remedy comes to light which in a large degree atones for the defects of many of its worthless compeers."

Then after referring most favorably to the non-irritating preparation of cascara sagrada, prepared by Mr. J. Le Roy Webber, Ph. G., the author makes the following statement as to his experience with pancrobilin:

"In this direction, however, we have another 'new remedy' which has gradually engrafted itself into my good graces, which is becoming more permanent the longer I use it. This is what is known as 'pancrobilin' and is a combination of pancreatin and bile, and placed upon the market in form of a liquid and a pill, of which two I consider the latter more preferable. In cases where there is a diminished quantity, or even an absence, of these natural products, especially the bile, resulting in the distressing complication of intestinal or duodenal indigestion, I have found this preparation of decided value by assisting the intestinal digestion until the normal functions of the liver and pancreas, but especially the former could be established. In constipation attended with flatulence, the result of an inactive liver, I have found this remedy of great value, promptly relieving the flatulence, and producing natural colored stools of a normal consistency, instead of the pale ash colored fæces, or the dry, hard scybala of the chronic dyspeptic. After a careful trial of some three years in a variety of cases affected with constipation resulting from congestion of the liver, and in cases where there is an atonic condition of the coats of the bowels resulting in intestinal indigestion, I am frank to say that I

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know of no two remedies that will give as prompt relief to these conditions as the ones under consideration. In the one class of cases the pancrobilin supplies the intestine with an artificial supply of bile and pancreatin, which digests the food that otherwise would not be digested, thus giving relief until the real difficulty with the liver can be overcome. In the other class of cases the cascara sagrada tones up the intestine, increases the secretions, which in turn facilitate digestion, and relieves the constipation."—*American Lancet.*

Gluten as a Food. How little we realize the importance of the foods of our day! Count them and we find that we really have but one kind. Man lives on the vegetable kingdom. True enough, we eat, digest and assimilate beef, pork, mutton, eggs, and a number more animal *structures.* But are they anything more than modified forms of animal life? Could any of them exist without the latter? The word structures has been used simply because it expresses the fundamental idea that the animal, man, dependent and living upon the vegetable, is nothing more than a rearrangment of the products of vegetable life. Yes, he modifies them, but he receives, and is glad to accept, and can also live upon the direct product of the plants. Therefore the inventory of our stock of foods brings us to the products of the soil alone, and we find that our actual supply of food is very limited. In fact, the problem of economic and scientific ages has been and is: "Where is the future food to come from?" Already it has been estimated that a natural soil will inevitably become exhausted in 250 years. Need we follow this line of thought further to lead us to the fact that, if the soil supplies all our wants, it probably produces our necessities. If it produces the necessities of our physiological life, does it not likewise provide for our pathological conditions? Admitting this, does it not follow that different products have different purposes, and that in special modifications of the animal system special products of the vegetable are in demand.

Accordingly, it seems reasonable to presume that, for its purpose, the purer the product of the soil the more applicable, useful, and direct must be its action. These points have been advanced not only to call attention to the inestimable value of every true food in nature, but also to the idea that as there must be a purpose and place in the animal economy for each and every food, so also must there be demands for the individual constituents of these foods.

The leading physiologists and physicians of to-day are clamoring, not for medicines or new chemical combinations, but for nature, dietetics, and proper food. Knowing as we do the importance of this subject, we welcome any addition to our bill of fare that brings evidence of its characteristics and value.

For centuries it has been known that man could live happily upon cereals alone, and it required but little thought to suspect that these very cereals, grain or flour, contained something that substituted the flesh diet of others.

In course of time chemistry developed technically what theory and reason had long supposed, that man obtained from cereals more or less of two kinds of food—a non-nitrogenous (also called starchy, or carbohydrate) and a nitrogenous (meaty, or albuminous).

Later—in fact only about forty years ago—we were told that one of the greatest constituents of our vegetable food was gluten. Analysis showed that nature's store of this substance represented from 12 to even 20 per cent of wheat, 11. 6 of oats, 7

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of barley, 6 of rice—in fact, that gluten, or some similar nitrogen equivalent, as legumin, vegetable fibrin, etc., is liberally distributed throughout our vegetable diet. The physiologists promptly applied this discovery, and we were soon made aware that gluten was one of nature's best means of supplying to man the very elements and effects that he sought for and received from the albuminoids, or meats. They tell us that it is the vegetable food that furnishes stimulation as well as heat, force, and energy to the system. Furthermore, as deductions from these principles, they prove to us that this gluten, the nitrogenous food of the vegetable world, must inevitably be one of the greatest of foods that are the fuel for all motion, as also chemical action in animal bodies. It is unnecessary to specify proofs of the necessity of nitrogenous food.

The facts that every contraction of a muscle, beat of heart, expansion of lung, secretion and function of digestive fluids conductivity of nerves, the processes of inflammation, yes, the very vitality of every part of our living bodies, all require and use nitrogen—these are sufficient proofs of the value and need of the best and purest combination of this food element that nature can produce.

As stated above, these properties and values have been greatly accredited to gluten for many years. "The gluten of wheat," "the gluten of oats," "of corn," etc., have become familiar expressions. Likewise the uses of gluten have been specified and its successful applications as a food have long since been pointed out.

No argument that we have seen has failed to direct attention to the fact that its greatest value for its purposes—"food for infants," "diabetics," "nervous debility," and the like—has depended on its "freedom from starch," the point being that in this condition it offered one of nature's simplest and purest forms of nitrogenous food. But what have been the facts? One of the leading chemists (Ritthausen) has written: "Gluten is composed of ...., ..., ..., ..., *and* 12 *to* 16 *per cent of starch*"—certainly a strange chemical statement, but it nevertheless is an illustration of the explanation of the unsatisfactory results of many "glutens" of the market.

Naturally the greatest expectation has been in the treatment of diabetics, but even these unfortunates have had to labor under a disadvantage, for recent analyses have shown that there was not a "diabetic food" in the market that did not contain *above* 30 per cent of starch—in fact, so much of it that Dr. Harrington (chemist, Harvard) suggests that ordinary biscuits would be quite as good for this purpose. Considering these claims for its value and usefulness, we have reason to be thankful that so pure and simple a gluten as *Poluboskos* has been placed upon the market. We recognize Poluboskos as simply what it is claimed to be, "a pure gluten." No better proof of its purity could be given than the analysis by Dr. Davenport, which shows that only four-tenths of one per cent of it is starch. A chemist's word gives us a technical story, and also a basis from which we may work out physiological actions and facts. The lines of use and application of gluten as a food have long been well established, and the following observations and experiences are corroborative of them. In other words, gluten—Poluboskos—is one of the few instances where practice is the greatest proof of theory.

We have all learned that the composition of our first food, the mother's milk, is largely nitrogenous matter; that the egg from which the young chick is developed contains abundance of this material, but merely a trace of carbohydrates; in fact

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the laws of nature provide the beginnings of life with foods that produce muscle and strength rather than fat. It is well known that prior to the third month of life the saliva does not contain ptyaline, the very essential agent that in later life starts the digestion of starchy foods.

Considering these two great evidences, do we need more proof to convince us that if infants needed a starchy diet it would not have been so decidedly opposed by nature? No; the too frequent blunder of "kind friends" in stuffing starchy concoctions down the helpless infant throat has been sufficiently discovered and abolished by the physicians of our day, and most of them are prepared to interdict all carbohydrate foods, or at least see to it that these constituents be so modified as to correspond to the small amount of lactine that is found in the mother's milk. These are among the leading reasons that have induced the theory that infants in need should be supplied with a nitrogenous rather than a starchy or even mixed diet. These are facts that have led physicians and mothers to long for something to supply the frequent deficiency of nature. That nature could relieve this want has been believed, and experience is abundant to prove this to be true. Such is theory. But what is practice?

The writer's observation and experience with the Crystal Springs pure gluten food, Poluboskos," has certainly conformed to the foregoing and all accepted theories on the subject of nitrogenous foods. He has seen infants, weak and apparently exhausted from lack of food, stimulated and almost revivified by its use. Where other foods have been rejected by the stomach, this (although dissolved in the same kind of milk that has previously been rejected) is easily retained. No word of objection or criticism has come to him, and his experience thus far, and that of other physicians and friends, leads to the belief that in this product we have the nearest approach to a natural food for the waning energies of infants and their many ailments of digestion. Again, older patients continually report its value and relief in cases of weak stomach, dyspepsia, anorexia, etc. Here again theory is sustained, for, regardless of its renovating and tonic effects, it is exceedingly easy of digestion. Observation has shown that this very ease of digestion has been the cause of its retention where other foods have been vomited. Of the many people that we have heard say, "Oh, I can't take milk; I either throw it up or it makes me bilious." I have not known an exception to the report that they are suprised that they can take so much milk with it and feel so well afterwards.

Certainly this is good proof of the well established theory that "the gluten of vegetables is one of the most rapidly digestible of our foods," and makes its use in stomach disorders correspond in reason to the results of experience.

The use of nitrogenous diet for diabetes is so familar that its desirability does not even require a physician's recommendation. It is well known. The people know it, while the sufferers from this disease very early become accustomed to directing their own diet.

What has this been? Almost anything in the market. Even they have almost invariably applied for "gluten, gluten!" But what have they obtained? Many of them in their ambitious determination, having failed to procure their necessary food in this country, have resorted by importation for many years. And with what result? The best and purest obtainable contained from 12 to 30 per cent of starch.

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Therefore it is not strange that these people and their advisers have been glad, as the writer knows, to find that their own country and kind are capable of supplying their demands with a purer gluten than they had ever before known.

The writer realizes the frankness of these strong claims, but he also knows that he is dealing with a natural food that makes no claim of secrecy, and is as free to the reader in all its claims as is the beefsteak of the market; yet, while approving its claims, he would go further and say that, besides its usefulness in infant digestion and diabetic disorders, one of its greatest futures will be found in the treatment of nervous diseases.

The theory for this use is very evident. If a food can furnish energy and stimulate force production in the system, how can it do it but by toning up and strengthening the nerves themselves? What, then, must pure gluten be, if it is not one of nature's best nerve tonics?

To prove this, the writer has used Poluboskos in migraine, insomnia (due to nervous debility), in incontinence, and especially in spermatorrhœa, with results that give evidence that it is a nerve food, and that this nitrogenous, vegetable product has a place in the human economy that is not afforded to anything else within our knowledge. It is not necessary to enter into a comparison of the various foods of the market, because we know of no other preparation, product, or compound that offers us 92 per cent of nitrogenous food equivalent.

There seems to be every reaon to believe that in Poluboskos we are possessed of one of nature's greatest secrets, and that its future place among the desirable foods of the table will be only another practical proof of its necessity in the feeding of diseased vitality.—*Journal of Balneology.*

Anodyne Pine Expectorant.—The climate of most of the thickly settled portions of the United States is chacterized by rapid variations in temperature, and, although to the excitation and stimulation caused by these sudden changes is ascribed the restless energy and enterprise of our citizens, these frequent variations in climatic conditions are not without their attendant evils. One of these is the tendency to catarrhal conditions of the respiratory tract, and we find bronchitis and other inflammations of the respiratory organs universally prevailing. In these inflammations, anodynes and stimulating expectorants are largely in demand, and it gives us pleasure to commend to our medical friends, as fulfilling important indications in the treatment of this class of affections, the combination of remedies designated "Anodyne Pine Expectorant P. D. & Co." The union of astringents, sedatives and stimulating expectorants will commend itself to the practitioner as a convenient resource for the treatment of affections of the throat and bronchial passages. It has been found of great service as a palliative for coughs and colds. The value of the aromatic and resinous ingredients of balm of Gilead (balsam poplar) buds and sassafras has long been recognized. In the former we find benzoic acid and its derivatives; this acid has long ago found a permanent and useful place in medicine, as is witnessed by its employment in paregeric and various other remedies, either in a pure form or by reason of its being a component of some of the ingredients used. In these remedies, internal as well as external, its use has unsuspectingly both antedated and anticipated antisepticism. The irritant and expectorant properties of

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bloodroot are very happily conjoined with those of the astringents which have the power of contracting the mucous exudations and thus loosening them from the membranes to which they are attached. The sedative properties of chloroform, morphine and wild cherry, here find useful application, enabling the preparation to be used in a large variety of affections. In pulmonary difficulties it has been found useful as a palliative, besides being an excellent vehicle or corrective for cod liver oil. Each fluidounce represents: White pine bark, 30 grains; wild cherry bark, 30 grains; sassafras bark, 2 grains; bloodroot, 3½ grains; balm of Gilead buds, 4 grains; chloroform, 4 minims; spikenard, 4 grains; morphine acetate, 3-16 grain. Dose, one fluidrachm, increased as required.

Apioline.—The active principle of apium petroselinum (differing from so-called apiol.) Common parsley or apium petroselinum has long been used for its stimulating properties in the culinary art and more recently in medicine. Like many plants belonging to the natural order of the umbelliferæ, its aromatic and active principles are for the most part found in the seeds. Bouchardat, Valleix, Marcotte, Corlieu, Sireday and other authorities have spoken of the emmagogue properties of the plant, and a favorable report was made to the French Academy of Medicine on its active principle nearly forty years ago. With a view to obtain a reliable product, M. Chapoteaut recommenced a study of the plant and finally adopted the following process for the extraction of its active principle. After complete exhaustion of the seeds with light petroleum ether, the resulting liquid leaves, on distillation, a semi-congealed residue of neutral substances, fatty acids, etc. In this manner, by careful washing with alcohol, the various products are separated. This is a product totally different from true apiol, since the latter is a solid melting at 30° and boiling at 300° C., and different from the essence or oil of parsley, boiling at 160° C.; while its reddish color indicates that it cannot be confounded with ordinary so-called commercial apiol, which is a yellow or green liquid having an approximate specific gravity of 1.07. This new substance therefore has been named apioline (apiolinum) by M. Chapoteaut, and clinical experiments show it to be the true active principle of the plant apium petroselinum.

Experiments made on animals in the laboratories of the Faculty of Medicine (Paris), indicate that apioline stimulates the circulatory system of the intestines and genitals, causing vascular congestion of the uterus and ovaries and exciting contraction of the smooth muscular fibres of the genital organs, especially of the uterus. Experiments made on female guinea-pigs, demonstrated this special action in a very decided manner and corresponding genital excitement was also observed in males. These results have been remarkably confirmed by their therapeutic application in the French hospitals. Apioline-Chapoteaut administered in spherical capsules of 20 centigrammes each, always relieved the pain in spasmodic and congestive dysmenorrhœa, cases in which principal reliance should be placed on equalizing the circulation and increasing the power of the ovarian nisus. In amenorrhœa, where the menses had been suppressed even for a considerable length of time the flow promptly reappeared. In fact, in all cases depending on uterine troubles amenable to internal treatment, and where a correct diagnostic of the symptoms had been made and suitable hygiene and treatment observed, this drug relieved the suppression, regulated

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and prevented or removed the accompanying pain, and proved to be the most pow erful emmenagogue with which we are familiar.

Shoemaker's Materia Medica and Therapeutics, Vol. II page 447, speaking of the active principle of parsley, says: "It is said to be not abortifacient. In cases of scanty or deficient menstruation with pains, etc., one capsule can be given after meals, thrice daily for a week before the expected period, as recommended by Dr. Fordyce Barker. ℞ Apiolini, grm. IV. (about ʒ j). ft. Capsulæ No. xx (Chapoteaut). Sig: Take three each day during the week preceding menstruation. It is especially appropriate when amenorrœa depends upon anæmi . The same authority suggests the administration of aloine or podophyllotoxin when amenorrhœa or dysmenorrhœa are complicated with constipation. Although apioline is looked on as a specific for menstrual disorders by many gynœcologists, it must not be forgotten that these troubles are often subordinate or associated with a general atony of the system, which require tonics, hœmatics (ferrum sanguinis) and suitable hygienic agents. Finally Apioline-Chapoteaut cannot be expected to remove dysmenorrhœa depending on mechanical obstruction of the cervical canal—causes of failure which are sometimes overlooked.

Ponca Compound.—Ponca is the Indian name of a little plant which is found on our Southwestern prairies. It is very small, and except in the flowering season, which is only for about two weeks in May, it is almost impossible to tell it from numerous other small plants that abound there. To Dr. R. M. Hutchins are we indebted for our knowledge of its medicinal virtues. He found that besides being a first-class general tonic and stimulant, it had a very decided preponderance of action upon the uterus and appendages. Dr. Hutchins states: "I believe ponca has more decided *alterative* action upon the uterus and uterine mucous membranes than any known remedy. Under its internal administration I have seen long standing ulcerations heal, foul discharges cease, a spongy, inflamed and enlarged uterus reduced in size and become firm and healthy. In subinvolution it is invaluable, soon relieving such symptoms as headache, backache, sideache, bearing down feelings, bladder troubles, bloated abdomen, indigestion, constipation and many other symptoms that are a consequence of this condition. The following combination—Ext. ponca, 3 grs.; ext. michella repens, 1 gr.; caulophyllin, ¼ gr.; helonin, ⅛ gr.; viburnin, ⅛ gr. I believe will be found as generally useful in uterine troubles as quinine in malaria."

Genevrier Vial. The berries of the "Juniperus oxycedrus" yield, on distillation, an essential oil used in the preparation of medicinal essence or spirit of juniper, and the wood of this same plant is the source of the true *Huile de Cade.* These combined products of the wood and berries are known as "Genevrier-Vial," and possess in a marked degree all the advantages of these well known drugs in a practical form, since they are administered in small, dehesive, spherical capsules of twenty centigrammes each. "Genevrier-Vial" has been used with the greatest success by such authorities as Professors Mallez, Lethiere, Caron, Guillon, Lexcellent, Hardy and many other prominent physicians in the Paris hospitals, in the treatment of gravel and other diseases due to the formation of deposits. Clinical reports relating to this subject have been published by Delahaye & Co., Paris, in a valuable

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treatise entitled *"La Diathese Urique,"* from which we extract the following: "Genevrier-Vial" is a general stimulant, exciting the action of the skin and the kidneys, thus assisting the elimination of waste products from the system. It replaces advantageously the alkaline salts in gout, gravel, and in all affections which are characterized by the presence of an excess of uric acid and its salts. "Genevrier-Vial" is powerfully diuretic; it cures vessicle catarrh, hæmaturia, and relieves painful hepatic and nephritic colic. In a case of nephritic colic, reported by Dr. Lebourg, this authority says: "A lady aged sixty was taken with terrible nephritic colic, followed by hæmaturia, which continued in spite of all treatment, and increased day by day until she fell into such profound anæmia that she was no longer able to get out of bed. The effect produced by Genevrier-Vial was shown by an almost immediate cessation of pain. This patient has since done very well, and had no return of the symptoms until a year afterwards, when the similar treatment soon again removed the difficulty.

Popular Faith in Alteratives.—Since the nature of the action of this class of remedies, is to some extent as yet undetermined and obscure, they are necessarily prescribed empirically. To this fact is perhaps due the promiscuous use by the public, not infrequently with the endorsement of physicians, of a host of nostrums of no real medicinal value. Many of these have had an enormous sale—indicative not so much of their worth as of the general belief in the necessity for the use of what are popularly termed "blood purifiers." Spring is the season when these are most generally resorted to. When we consider that there is no condition of disease in some stage of which tonic alteratives are not indicated, it will be appreciated that next to agents such as opium and quinine, the action of which is specific, no class of remedies are more frequently demanded. Messrs. Parke, Davis & Co. supply under the name of Syrup Trifolium Compound P. D. & Co., an alterative formula containing red clover, stillingia, cascara amarga, burdock root, poke root, prickly ash bark, berberis aquifolium, all valuable vegetable alteratives, either with or without potassium iodide. This has been used by physicians with much success in all conditions requiring alterative treatment.

A Surgical Use for Ants.—Ants have very powerful jaws, considering the size of the bodies, and, therefore, their method of fighting is by biting. They will bite one another, and hold on with a wonderful grip of the jaws, even after their legs have been bitten off by other ants. Sometimes six or eight ants will be clinging with a death-grip to one another making a peculiar spectacle, some with a leg gone, and some with half the body gone. One singular fact is that the grip of an ant's jaw is retained even after the body has been bitten off and nothing remains. This knowledge is possessed by a certain tribe of Indians in Brazil, who put the ants to a very peculiar use. When an Indian gets a gash cut in his hand, instead of having his hand sewed together, as physicians do in this country, he procures five or six large black ants, and holding their heads near the gash, they bring their jaws together in biting the flesh, and thus pull the two sides of the gash together. Then the Indian pinches off the bodies of the ants and leaves their heads clinging to the gash, which is held together until the gash is perfectly healed.—*Med. Record.*

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THE MEDICAL HERALD.

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DANIEL MORTON, M. D., Editor.

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EDITORIAL

Dr. O'Dwyer and Intubation.

AT the recent session of the Missouri Valley Medical Society, at Omaha, Dr. Inches, of Scribner, Nebraska, read a letter from his former classmate, Dr. O'Dwyer, regarding the operation of intubation. The letter was elicited by the discussion following the report of twenty cases of intubation by Dr. Hal. Foster, of Kansas City. In this letter Dr. O'Dwyer gives the views he at present entertains regarding the operation of which he is the father. He states that intubation, like everything new, has been much abused and that it is a difficult operation to perform because of the celerity with which it must be done. The necessary skill can only be acquired by a great amount of practice on the cadaver. Unless this be done much suffering will be caused and many lives sacrificed. For these reasons Dr. O'Dwyer is of the opinion that the operation should not be attempted by those inexperienced in its technique, and believes that one intubationist in a city of fifty thousand is sufficient. Regarding the indications for the operation, Dr. O'Dwyer says that should death be impending from obstruction in the larynx and should one competent to perform intubation be at hand it should be done, otherwise tracheotomy is to be preferred as the safer of the two. He further stated that intubation will accomplish all that tracheotomy will and a great deal more, but that tracheotomy may be called for after intubation has failed should loose membrane exist in the lower part of the trachea. As a primary operation in croup when an intubationist is at hand Dr. O'Dwyer regards tracheotomy as absolutely unjustifiable.

DR. BRANSFORD LEWIS, the MEDICAL HERALD special correspondent, spent a few days in this city recently, bidding the doctors farewell and arranging business matters. He will sail for Europe the early part of this month, and our readers may anticipate interesting pen pictures in our future issues, illustrating medical life as seen in England, France and Germany. The doctor will visit all of the important hospitals of the old World, and will doubtless witness numbers of interesting clinics, many of which will be described in these columns, embellished by such engravings as may be needed.

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Wanted! A Board of Medical Examiners.

THE bill before the legislature, amending the present law regulating the practice of medicine in such a way that a three years attendance on a college course of six months shall be necessary to enable future graduates to practice medicine in Missouri, has been defeated in the Senate, by a vote of fourteen to ten. The MEDICAL HERALD is in favor of medical reform but does not believe that a diploma should entitle any one to practice medicine. What is wanted is a knowledge qualification and not a time qualification. Diplomas are uncertain quantities. The licensing power must be taken out of the hands of the colleges and lodged with the State. A non-sectarian Board of Medical Examiners is needed, which shall judge a physician by his knowledge, no matter where that knowledge be obtained and no matter whether the time consumed in obtaining it be long or short. We are in favor of a "three year" clause if nothing better can be done, but with the right effort a Medical Examiners bill can be as easily secured. Separate the licensing function from the sanitary function; make a Board of Medical Examiners, make a State Board of Health, and both will thrive better because of the division of labor. At present both are pining because of the union.

Missouri Valley Medical Association.

THE Omaha meeting of the Missouri Valley Medical Association was pre-eminently a success, for the attendance was large, the papers were good, and the discussions were pointed. The May number of the MEDICAL HERALD will contain a number of the papers. Omaha medical men vied with each other in showing personal courtesies to the visiting members, and endeavored to make all feel welcome.

An amendment to the constitution was offered providing for semi-annual meetings, and as there seems to be no opposition to it from any quarter it will doubtless be adopted at the annual meeting next September at Council Bluffs.

The Mississippi Valley Medical Association, through Dr. I. N. Love, of St. Louis, extended a courteous invitation to the society to meet in joint session next Fall at St. Louis. The society appreciated the spirit thus manifested, but deemed it best not to act upon the suggestion since the Fall meeting is the annual one and if held at St. Louis would necessarily be lightly attended. By motion, however, the President was empowered to appoint ten fraternal delegates to attend the meeting. Their names have not yet been announced.

The banquet was served at the Paxton House, the society being entertained by "The Physicians of Omaha." Dr. R. C. Moore, acting as toast-master, called forth the following toasts: "Our Guests of the Missouri Valley Medical Society," Dr. J. M. Richmond, St. Joseph, Mo.; "The Practitioner of the West," Dr. B. F. Crummer, Omaha, Neb.; "Our Brethren of the Mississippi Valley Medical Society," Dr. H. W. Loeb, St. Louis, Mo.; "Medical Legislation," Dr. L. A. Merriam, Omaha, Neb.; "Women as Medical Practitioners," Dr. C. Inches, Scribner, Neb.; "Municipal Boards of Health," Dr. Clarke Gapin, Omaha, Neb.; "Medical Journalism," Dr. Daniel Morton, St. Joseph, Mo.

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Biographical Sketch of C. R. Woodson, M.D.

Among the prominent physicians of St. Joseph no one is better known than Dr. C. R. Woodson, Superintendent of State Lunatic Asylum, No. 2, whose portrait appears as a frontispiece to the present number. Born in Knox County, Kentucky, in 1848, he breathed into his very being an element of independence and heartiness that has always been characteristic of the people of that section of the state. In 1855 his parents emigrated to Buchanan County, Mo., and in this county Dr. Woodson has ever since resided. He graduated from the Missouri Medical College, St. Louis, in 1872. His teachers were such men as A. Hammer, Professor of Histology and Pathology, Paul F. Eve and A. P. Langford. Dr. Tuholske, Professor of Surgery, Missouri Medical College; Dr. Geo. Homan, Secretary of State Board of Health, and Dr. H. C. Dalton, Superintendent of the St. Louis City Hospital were his classmates. Dr. Woodson practiced at Agency, Missouri for seventeen years, and in 1886 moved to St. Joseph. For two years he was Professor of Materia Medica in the College of Physicians and Surgeons, and was then elected to the chair of Obstetrics, which position he now holds in the Ensworth Medical College. Right here it is proper to state that Dr. Woodson has his students thoroughly drilled in this branch of medicine, as any one who has ever attended one of his quizzes will unhesitatingly affirm. He married a daughter of Dr. Paul T. Tabor and a grand-daughter of Senator Azor Tabor of New York State. Ex-Governor Silas Woodson is his uncle, and Stephen C. Woodson, Benjamin J. Woodson and Judge Arch. M. Woodson are his brothers. Dr. Woodson has always been an active worker in medical societies, and belongs to all the local organizations, the State Medical Association, the American Medical Association and the National Association of Asylum Superintendents. He is full of energy, an indomitable worker, a fine organizer, an excellent manager, just to a competitor, true as steel to a friend. He has the respect of his enemies for they know that he will always treat them fairly and never take an underhand advantage. His executive ability is unquestioned; his professional skill of the best order. He is an excellent man for the position he now holds and will manage the affairs of Asylum No. 2 in a way that will prove not only satisfactory to his friends and the medical profession, but that will also vindicate the wisdom of Governor Francis in appointing a Superintendent who combines with a kind heart firmness, and with medical skill financial ability. Below is an extract from the Eighth Biennial Report, which will be of interest to physicians:

Health of the inmates is unusually good at present. We have had but two cases of typhoid fever this season, both cases occurring simultaneously. We made careful search for causes, and removed what we supposed to be cause, and have had no more cases. During the fall of '89 there were few cases of typhoid fever. During the winter of '89 and '90 the epidemic of la grippe prevailed in the institution. Very few of our patients escaped. While there were but few fatal cases, it hurried off some of our consumptive and feeble patients. La grippe has been assigned as the cause of insanity of quite a number of the patients admitted since its prevalence.

As will be seen from table, many of our patients die of consumption. It is the case in all other institutions of this kind, which is perhaps due to the interrupted nutrition and consequent waste following in many cases. Several patients have been brought to Asylum in state of great exhaustion following extreme excitement,

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and refused to taste nourishment before admission, who have died within a day or two after being admitted. Our asylums are filling up very fast in this and other States, and the general impression is that insanity is rapidly increasing. While it may be increasing, it is not making the strides the public believes it to be making.

Our benevolent and philanthropic spirits are being aroused in behalf of these unfortunate people. They are taken from prisons, poorhouses and almshouses, which is a very commendable spirit. There are a few States which have established a State Commission on Lunacy, and given the State entire control of the insane. Our great State should be the next to take that step. The cost to the State would be no greater than at present. The commendable features are, it prevents counties holding their insane in prisons and poorhouses. The only reason they are kept in poorhouses and prisons is because it can be done for less money than the asylum. In this day of progression and civilization the demand is for better treatment of the insane. The mental dwarf and imbecile are admitted to the asylum now which helps to swell our number. While we prefer to admit the acute forms of insanity that we may have a chance to swell our lists of recoveries, we justly realize that the imbecile is as irresponsible for his actions as the one with any form of mania, and as incapable of caring for himself. We have a large number of epileptics in asylums all over the country. They were not formerly admitted to asylums. While they have lucid intervals and are harmless at times, no one knows when they will become disturbed, and as a rule they are the most dangerous class of patients we have. General paralysis, which is on the increase, is helping to swell our numbers.

"Actina."

To The Editor of the Medical Herald:

WITHIN the past few months several physicians have asked and written me concerning the "Actina" they see so extensively advertised in our daily newspapers by one Prof. Wilson. Nearly a year ago this instrument was brought to me by a patient, who said it was a borrowed one from a friend, but she wanted me to examine it and tell her if it possessed all the powers and charms the Professor claimed for it, such as curing cataract, myopia, etc. An examination of this little mystic box revealed a metallic case in which was a wire coil that contained a sponge, and this sponge was charged with oil of mustard and menthol. The price of the magic battery, as the Professor sometimes called it, was ten dollars, (which added also to its intrinsic value!) I dropped a few crystals of menthol into a wide-mouth bottle, placed therein a sponge, and then dropped a few drops of the oil of mustard upon the sponge; to this I added a little alcohol and ether sufficient to dissolve the menthol crystals and moisten the sponge, then handed the bottle to my patient, with the request that she use it just as the Professor directed. It brought water to her eyes and nose, had the same pungent odor, made her eyes smart and burn, and through her tears she smilingly said that it was the veritable thing. The only thing it lacked was the price, ten dollars, as I informed her that this could be obtained at any drug store for a few cents. As a stimulant to the mucous membrane, whether it is of the eye, middle ear, throat or nose, we all know the value of both oil of mustard and menthol. I frequently use one or both expressed as fumes into the middle ear by means of the Eustachian catheter or bag, with beneficial results; for migrain and ciliary neuralgia by inhalation it usually gives relief. As to its permanent benefit in catarrhal affections of the air passages I am not prepared to say. The following formula is the one I prescribe as an inhalation and as a vapor for the

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middle ear. It certainly will do all the "Actina" will do and can be filled by any druggist at a cost not exceeding fifty cents.

℞ Oil mustard.....3 i
Menthol crystals.....3 ii
Alcohol.....3 ss
Sulph. ether.....3 i

M. Sponge q. s. to fill an ounce bottle.

The bottle should have a wide mouth with a screw top. Too much alcohol takes from the strength of the oil of mustard. The prescription can be used as an inhalation several times a day with safety, but in cases of iritis and some forms of inflammation of the eye it actually does harm if applied too long.

Respectfully, FLAVEL B. TIFFANY.

KANSAS CITY, MO.

Our Exchanges.

The *Index Medicus* makes available the current medical literature. It is invaluable as an aid in running down the literature of any given disease.

We always welcome the *American Lancet* to our exchange table. It is full every month with good material, and evidently keeps an eye upon the work being done in all parts of the United States.

The *Occidental Medical Times* shows a great deal of care in its general make-up. We must congratulate the publisher upon the success with which he holds his collaborators to their tasks in the several departments of the journal.

The *Dixie Doctor* displays a large amount of energy and push in its appearance and arrangement. The Editor of such a journal necessarily puts into his work much time and thought. Every month its readers are surprised with some new departure.

The March number of the *North American Practitioner* contains a goodly number of illustrated articles. We might mention in this connection that the MEDICAL HERALD illustrations are being complimented highly, and some of our competitors are sorry we ever began the good work. The best evidence of appreciation is the fact that our cuts are borrowed by other journals that wish to reprint from our original department.

AS RUMOR has it, a new medical journal is to be started in Chicago. It is to be called *The Chicago Medical Record.* We have not heard whether Wm. Wood and Company of New York have given their consent to the name and publication or not. The pabulum of the new journal is to be the proceedings of the Chicago Medical Society. This is the first fruits of moving the *Association Journal* to Washington. The artful Surgeon-General Hamilton will be glad to know of this gestation and that *The Standard* is to be made a daily and all the monthlies will hereafter appear as often as once a week. The new venture will be published by Keener, if the trade permits and the editorial management will be in the hands of a North Side Medical School.—*N. A. Practitioner.*

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Herald Parvules

DR. J. M. HALE is at Stewartsville, Mo. He began practicing at this thriving town the latter part of March.

DR. REYNOLDS, of Horton, was recently in the city on professional business and gave the MEDICAL HERALD a call.

DR. F. M. GREEN has located at Mound City, Mo., and Dr. Eugene Bullock is practicing with his brother at Forest City.

"I WOULD give any thing if I had a musical ear." "Why don't you take quinine?" "Quinine?" "Certainly; that will make your ears sing."—*Indianapolis Journal.*

"DIDN'T the poet from whom you were reading refer in one of his lines to 'the germ of immortality'?" inquired Mrs. Brixton, of her husband. "Yes; but that strikes me as carrying the microbe theory too far."

DR. H. W. LOEB, of St. Louis, stopped in St. Joseph on his way to the meeting of the Missouri Valley Medical Society at Omaha. He represented our bright contemporary, the *Medical Mirror*, and an able representative he is.

STATE Lunatic Asylum No. 2, in this city, is to have a fifteen thousand dollar hospital for its sick inmates. The legislature has just appropriated this sum of money and thereby shown its wisdom in providing for the separation of the sick and healthy insane.

THE District Medical Society of Northwest Missouri meets at the Court House in St. Joseph, April 9th, second Thursday. The session will be an important one. Officers are to be elected and the amendment making the meetings migratory will be voted upon. Heretofore the Society has always met in St. Joseph.

ACCORDING to an amendment of the school laws of the State of Michigan, children suffering from consumption or chronic catarrh must be excluded from public schools. The circumstance is interesting as the first step toward a public recognition of a most important truth, the fact, namely, that the disorders of the respiratory organs can be propagated by direct contagion, and that the atmosphere of a consumptive's sick room, unless constantly ventilated, is apt to become a virulent lung poison.

A KANSAS CITY doctor, who atttended the Missouri Valley Medical Society at Omaha, left home with a fur cap, but on reaching the Nebraska metropolis bought a spanking new stove pipe to be in keeping with the sunshiny weather. But some days must be dark and dreary and the last day of the meeting he was seen with a gum coat and waterproof hat splashing his way through the mud to the depot, a bandbox under each arm. When asked what he was doing with so many hats he replied: "I robbed the rack last night while the rest of you doctors were at the banquet." Revenge is sweet.

THE THREE KINDS OF DIABETES. According to Professor Lancereaux there are three kinds of diabetes 1. Traumatic diabetes, which appears after injuries to the brain and spinal cord. There is moderate polyphagia, polydipsia, polyuria and glycosuria, and the prognosis is generally favorable. 2. Pancreatic diabetes. This is the form generally called diabetes mellitus. It is characterized by severe polyphagia, polyuria and glycosuria. It is supposed to be due to some disease of the pancreas. 3. Adipose diabetes. The symptoms are of moderate severity and the excretion of sugar scanty.—*L'Union Medicale.*

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QUICK ACTION OF DRUGS The *Medical World* says if you want a sure, speedy action from your drugs as if you gave them hypodermically, administer them in hot water; one-half the dose will have the effect. The reason is obvious. If the dose be given in hot water it is quickly absorbed, and the force of the drug thrown upon the system at once. Few people realize how long the dose will remain in the stomach if that viscus be chilled. Beaumont found that a glass of ice water stopped digestion for one hour. This method of ministration is particularly suitable for the vegetable preparations, opiates, etc.

THE NATIONAL ASSOCIATION OF RAILWAY SURGEONS. At the Kansas City meeting, last year, it was voted to hold the next meeting at Buffalo on May 7th, 8th and 9th of this year. But, on account of the meeting of the American Medical Association being set for the same time, it has been decided to change those dates, and to hold the next meeting at Buffalo on April 30th and May 1st and 2d. All railway surgeons are cordially invited, and to all of them who send their names and addresses to the corresponding secretary, Dr. A. G. Gumaer, Buffalo, N. Y., a copy of the Constitution and programme will be sent. All who wish to read papers, or desire further information, should communicate with Dr. Gumaer without delay.

DOCTORS have inveighed again and again against the dangerous gum which is used on some envelopes, and mishaps have been frequent as the result of damping the gum on envelopes with the tongue. All possibility of such accidents is removed by the automatic lock envelopes which have just been patented by Mr. Hook. On the flap of the envelope are two projecting flanges, and all that it is necessary to do to close the envelope is to fold these flanges by ready stamped lines, and insert the end of the flap thus narrowed in a slot provided, whereupon the folded flanges automatically lock themselves in the slot, and the envelope cannot be opened without tearing it. The operation sounds much more complicated than it really is in practice, for one of these new envelopes can be closed as readily as the better known gummed envelopes.

CHICAGO POLICLINIC. The third semi-annual special course for practitioners will begin March 30, 1891, and continue two weeks. This course will include: 1. Surgery of the brain and spine, Prof. C. Fenger; Surgery of the thorax and stomach, Prof. N. Senn; Surgery of the abdomen, including abdominal tumors, Prof. Chas. T. Parkes; Surgery of the genito-urinary organs, Prof. W. T. Belfield; Surgery of the female pelvic organs, Profs. F. Henrotin and J. H. Etheridge. All operations demonstrated on dogs and cadavers. 2. General clinics in all the departments of medicine and surgery by members of the faculty. 3. Operative surgery on the cadaver. Fees: Matriculation, $5.00; Course No. 1, $20.00; Course No. 2, $25.00; Course No. 3, $15.00; general ticket for the three courses, $50.00 The use of Koch's lymph in medical and surgical cases will be demonstrated. For further information address the corresponding secretary, M. R. BROWN, M. D., 174 and 176 Chicago Avenue.

THE ABSORPTION OF DRUGS IN THE FORM OF OINTMENTS. Dr. Luff says that certain drugs used in the form of ointments are most readily absorbed when the excipient is vaseline. Lanoline would be the best excipient when a local action of a drug is required, on account of its non-absorption. His experiments were made with iodide of potassium, carbolic acid and resorcine, mixed with vaseline, lard or lanoline. The mixture, contained in a sheep's bladder, was placed in a vessel of water, which was maintained at an equable temperature. The water was examined at short intervals in order to test the presence of the drugs, The exosmosis began in the case of the iodide of potassium with vaseline after one hour, with lard after nine hours; in the case of the carbolic acid with vaseline after two hours and a half, with lard after seven hours; in the case of the resorcine with vaseline after ten hours, with lard after fifteen hours. No exosmosis took place in the case of either of the reagents where lanoline was used within a period of twenty-four hours.—*Repertoire de Pharmacie.*

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NEW ADDITIONS TO REMEDIAL AGENTS. Among some new and convenient medicaments Parke, Davis & Co. announce are Mosquera's beef peptone, malt extract with peptone and urethral bougies of aristol. Mosquera's beef peptone is entirely free from the bitterness of pepsin peptones, possessing an agreeable, sweet taste. Nutrition plays so important a part in modern therapeutics that any additions to eligible methods are welcome. Malt extract with peptone makes an easily assimilable, highly nutritious combination of malt. Aristol is regarded by many as quite as efficient as iodoform in its antiseptic action, and it possesses the special advantage of being entirely free from odor. The aristol bougies should find a wide application in the antiseptic treatment of the urethra. Aristol is a substitute product of thymol obtained by mixing a solution of iodine in iodide of potassium with an alkaline thymol solution.

REMOVAL OF TATTOO MARKS. Variot details the procedure which he adopts for the removal of tattoo marks. The skin is first washed with a concentrated solution of tannic acid, and is then closely punctured with a set of needles such as tattooers use. A crayon of nitrate of silver is then thoroughly rubbed over the area, and after a moment the skin is dried off, when it will be found that the punctures are deeply blackened by the formation of the tannate of silver in the superficial layers of the skin. The cauterization is said to result in an inflammatory reaction for a couple of days, and subsequently in the formation of a crust or thin eschar, which separates spontaneously in from fourteen to eighteen days, leaving beneath it a superficial red cicatrix, which gradually loses its color, and at the end of a few months, M. Veriot stated, is scarcely perceptible. He does not consider it expedient to attack at one sitting an area larger than a silver dollar, lest the inflammation should be too severe. The only dressing consists in keeping the part powdered with tannin.

A CONSIGNMENT of Koch's lymph, which had been forwarded from Berlin on Feb. 6th, and apparently mislaid in the New York custom house for a week or two after arrival, was finally delivered to Messrs. Lehn & Fink, wholesale druggists, 126 William St., New York, on Saturday afternoon, Feb. 28th. This firm has spent several hundred dollars in cablegrams during the period since the announcement of the lymph discovery to date, with the result that they have now secured 60 vials of 5 grammes each. A 5 gramme vial is diluted to a 1-10 of 1 per cent solution and furnishes 5000 injections. The vials are sealed, containing the reddish brown, syrupy liquid, which foams on shaking, and each vial is accompanied by explicit directions and caution over the printed signature of Dr. Libbertz. It is assumed that this consignment is the first imported into this country for commercial purposes. Messrs. Lehn & Fink sell the lymph only in the original 5 grammes vials, preferring thus to guard originality to the physician.

Book Reviews

WOOD'S MEDICAL AND SURGICAL MONOGRAPHS; Wm. Wood & Co., 56 & 58 Lafayette Place, New York. Single copy, $1.00; $10.00 per year.

December Number. Contents: Practical Guide to the Demonstration of Bacteria in Animal Tissues, Dr. H. Kuhne. On the Present Position of Antiseptic Surgery, Sir Joseph Lister, F. R. S. Cancer and its Complications, Charles E. Jennings. The Treatment of Epilepsy, Dr. Ch. Fere. Handbook to Dr. Koch's Treatment in Tubercular Diseases, Drs. Grun and Severn.

January Number. Advances in Bacteriology, R. Koch, M. D. Formulary of New Remedies and New Medicinal Preparations, H. Bocquillon-Limouson, Anæsthetics, A Discussion, Dr. William MacEwen and others.

February Number. The Clinical use of Prisms and the Decentering of Lenses, Ernest E. Maddox. Electricity in the Treatment of Uterine Troubles, Thos. Keith, M. D., L. L. D., Edinburgh, and Skene Keith, F. R. C. S., Edinburgh. Ether Drinking, its Prevalence and Results, Ernest Hart.

We cannot undertake to review these articles, they are too numerous, but all are good and worthy consideration. Wood is certainly doing a good work in placing the best thoughts of the best medical men upon living issues within the reach of every doctor.

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A SOLUBLE DRY EXTRACT, prepared from Malted Barley and Wheat, consisting of Dextrin, Maltose, Albuminates, and Salts.

The SUGAR in MELLIN'S FOOD is MALTOSE. MALTOSE is the PROPER SUGAR for use in connection with cow's milk.

The sugar formed by the action of the Ptyalin of the Saliva and the Amylopsin of the Pancreas upon starch is MALTOSE. In the digestive tract MALTOSE is absorbed UNCHANGED.

— Landois and Sterling.

MALTOSE is a saccharose, not a glucose, and is a form of sugar which does not ferment.

— Materia Medica and Therapeutics, Dr. Mitchell Bruce.

"I have never seen any signs of fermentation which I could attribute to the influence of MALTOSE."

— Eustace Smith, M.D., F.R.C.S.

MELLIN'S FOOD, prepared according to the directions, is a true LIEBIG'S FOOD and the BEST SUBSTITUTE for Mother's Milk yet produced.

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A highly potent, pure glycerine extract from the stomach, free from disagreeable taste and odor, and from all suggestion of animal origin. Possessing a uniform, definite standard of activity, it may be instantly adjusted to any desired dosage as an equivalent of dry pepsin.

It gives the most digestive power obtainable for the money; mixes freely with all proper combinations, wines, elixirs, etc., and is, therefore, highly recommended to those who require a liable, economical and concentrated pepsin solution, suitable for the immediate preparation of all the official or unofficial formulas.

The Glycerium Pepticum can be had of Jobbers everywhere.
Samples and Pamphlets sent gratis upon request.

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News and Miscellany.

NOTICE pages 2 and 3; also Upjohn's free offer No. 2 page, 75.

READ Dr. Bransford Lewis, on the progress of Medicine and Surgery in Europe. See future numbers of THE HERALD.

FORTY-SIX medical colleges in North America admit women to their courses; nine admit women alone; the rest men alone.

A GOOD FORMULA. McArthur's Syrup is mixed, like the painter's colors, with brains. See the excellent reasoning in their advertisement on page 1, and delay not in adopting the remedy in your practice.

IMPERIAL GRANUM. Of the preparations so varied and so highly commended by those who put them on the market, Imperial Granum seems to hold the first place in the estimation of medical observers.—*N. Y. Medical Journal.*

HYSTERICAL CONVULSIONS. In a case of hysterical convulsions occurring two or three times daily, I gave Peacock's Bromides with perfect success. I consider it a fine preparation and will continue to prescribe it when indicated. R. M. POWERS, M. D., Lundys Lane, Pa.

WE would call the attention of our readers to the illustrations of Lindenschmidt's Urethral Irrigator and Dilators on another page. The editors of the HERALD have used them for nearly a year and take pleasure in testifying to their efficiency and reliability.

ADVERTISING in legitimate mediums, when properly conducted, is sure to be productive of pleasing results. Those who have never given this journal a trial are respectfully referred to the letters lately received by the HERALD from the largest houses in the country. See Bush & Co.'s and Canton Chair Co.'s letters in March number, and Eisner & Mendelson's on page 2, this issue.

I HAVE used Tongaline extensively in all forms of neuralgia and rheumatism; I find it a safe, easy and efficient remedy. In all cases of rheumatic and neuralgic pains accompanying the colds that predominate in this damp and malarial region, it seems to be specific. I take much pleasure in recommending it to the profession. C. W. PRINDLE, M. D., No. 17, Bridge St., Grand Rapids, Mich.

"COCA" has maintained its reputation as a powerful nerve stimulant, being used with good results in nervous debility, opium and alcohol habit, etc. The highly variable character of the commercial drug makes it uncertain, however. Robinson's Wine Coca (see page 7) we believe to be a uniformly active article, it being prepared from assayed leaves, the percentage of Cocaine being always determined by careful *assay*.

PORT LUDDINGTON, MICH., Sept. 24, 1890. ANTIKAMNIA CHEMICAL CO., St. Louis, MO. GENTLEMEN: A few days ago I received your Antikamnia, which I have prescribed, and found it very satisfactory indeed. In influenza, which disease is very prevalent here just now, I find it as much of a specific as quinine is in ague. It is, indeed, one of the needful remedies, and should be in the hands of every practitioner. Yours respectfully, A. P. MCCONNELL, M. D.

OUR BABIES. The future prosperity and happiness of our country will rest to a great extent with some innocent babe now in its crib. Whose baby is destined to rule? Not the one who inherits pulmonary disease, but the healthy and strong offspring of wise parents who appreciate the great recuperating qualities of Dukehart's extract of malt, with cod liver oil and hypophosphites lime, etc., Niemeyer emulsion, and by its use resist the terrible ravages of disease.

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Don't miss Dr. Bransford Lewis' initial letter from the old country.

Messrs. Eisner & Mendelsohn have a new page of specialties in this issue, to which we invite attention.

Maltine with Cod Liver Oil is prepared by the vacuum process and is therefore free from that rancid, disagreeable taste and odor so common in "Cod" preparations.

Samples of Sander & Son's Eucalypi Extract (Eucalypte) gratis through Dr. Sander, Dillon, Iowa. Eucalyptol proper stands foremost as disinfectant and antiseptic. Meyer Bros.' Drug Co., St. Louis, Mo., sole agents. Look for the genuine product.

Oysters, when kept too long, develop very powerful poisons, which produce symptoms resembling much those of cholera. And with these convulsions sometimes occur. The poisons in question are destroyed by cooking, which should be invariable with oysters that have been shipped long distances.

"That doctor is the most dressy physician I ever saw."

"You think so?"

"Yes. Every time he goes out on his visits he looks as if he had just come out of a bandbox."

"I see. Dressed to kill."—*Boston Courier.*

Dr. J. M. French, of Cincinnati, in a paper recently published in the *Lancet-Clinic*, "The Dietetic Treatment of Typhoid Fever," notes the use of Mellin's Food in the typhoid fever of adults and children in every case that he has treated in hospital and out, for more than a year, and has found it generally acceptable to the patient, as it affords relief from the monotony of an exclusive milk diet.—*Medical Mirror*, February, 1891.

Englemann, of Kreuznach, has used vinegar in several cases of diphtheritis with very good results. He then tested its antiseptic properties by the usual methods, with unexpected results. He found vinegar to be more destructive to micro-organisms thon a 2½ per cent solution of carbolic acid. The degrees of dilution for different methods of application were as follows:

For internal use	1 : 4
As a gargle	1 : 2
For Spraying	1 . 2-3
For application by brush	Undiluted.

The author suggests the great desirability of further experiments in this regard.—*Centralbl. J. Gynakologie.*

Take Life Easy. The editor has lately added a piece of furniture to his home in the shape of an easy chair, which in point of adaptability and solid comfort, surpasses anything yet seen in the West. We refer to the celebrated "Rip Van Winkle," a title by the way well learned, for the weary doctor, once enscoused within its alluring softness, never finds himself until he is awakened by the supper bell, or a "call" from some unfortunate. Finished in the finest leather or Wilton rugs, and trimmed in elegant fringe, this chair is an ornament to any parlor; and with its gynecological attachments, is a complete operating chair for the surgeon and obstetrician. One original feature possessed by no other chair in the market is the reclining-rocking arrangement, by which the occupant can rock himself by a slight movement of the foot, at any angle—thing of the comfort of a *reclining rocking* chair that can be made stationary without leaving your seat, or even raising your head. The footstool which accompanies the chair is a beauty, and as useful, either separate or in extending the chair, as it is pretty. A reference to the advertisement on another page will show a few of the positions into which the chair is convertible, and secured by a slight turn of a knob within easy reach. We take pleasure in recommending the "Rip Van Winkle" to any of our readers who are in need of either a parlor or office chair.

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Publishers' Bureau.

MEDICAL HERALD COMPANY, - - - - - PUBLISHERS.
CHAS. W. FASSETT, - - - - - BUSINESS MANAGER.

Office: Cor. Sixth and Charles Sts., PUBLIC LIBRARY BUILDING. | SAINT JOSEPH, MISSOURI. TELEPHONE No. 196.

ALL matter pertaining to this department, or concerning advertisements, to insure prompt attention should be addressed to the Business Managrer. . . . . .

THIS DEPARTMENT will be devoted to such notices and comments as the Business Editor may feel inclined to make of deserving and meritorious preparations, and such items of news concerning new goods as will prove interesting to our readers. Practitioners are particularly requested to send us brief facts concerning the success of preparations advertised in THE HERALD, as demonstrated in their practice, and we will always be glad to give space in our Original Department for extended reports of clinical cases. Practices for sale, or notices of removal, not exceeding ten lines, will be inserted FREE three times for subscribers. Always state reasons for selling.

(THE HERALD'S circulation being among a class of physicians who PAY THEIR SUBSCRIPTIONS (and consequently READ each issue), this journal naturally offers the best opportunity to those advertisers who desire to reach the thrifty and progressive practitioners of the West and South.)

THIS Journal is on file at the following agencies, where advertising may be placed at our regular rates, and we invite Eastern Pharmacists to call and examine THE HERALD carefully:
J. H. Bates, 38 Park Row, New York; H. C. Hall, Cincinnati, Ohio; N. W. Ayer & Son, Philadelphia, Pa.; Geo. P. Rowell & Co., 10 Spruce St., New York; J. Walter Thompson, 39 Park Row, New York; Dodd's Advertising Agency, Boston, Mass.; Slay Bros., 1169 Broadway, New York.

NEW YORK, August 8th, 1890. JEROME KIDDER M'F'G Co., No. 820 Broadway New York. GENTLEMEN:—I was taken in October last with a severe nervous disorder characterized by my physician as a depression of the sensory nerves. I tried medicine, the application of iodine to the spine as a counter-irritant, and rubbing. These benefited me only partially. My physician then desired me to get a medical electric battery, and I ordered one of your $27 machines. It effected wonders by me; improved rapidly under its use until I am now in perfect physical health. My observation, however, leads me to say, that the battery should be used daily (I used it five minutes each day just before retiring) until a cure is effected, otherwise it can not be fully effective. I found the best application to be to the hands; and at the base of the brain or back of the neck. In the latter case the positive pole at the neck and the negative at the feet, running the sponge down the spine was not necessary. Yours truly, HENRI GIRARD, Publisher.

ST. JOSEPH COMMERCIAL COLLEGE, (Christian Brothers), St. Joseph, Mo. School term opens on the first Monday in September. The course of study embraces all that is usually taught in similar institutions. It is divided into four departments —Primary, Preparatory, Commercial and Scientific. Terms—For Boarders. Board, Tuition, Washing, Bed and Bedding, per session of five months (mending extra), $100. For day students, primary department, tuition per session of five months, $15.00; preparatory department, tuition per session of five months, $20.00; commercial department, tuition per session of five months, $25.00; scientific department, tuition per session of five months, $30.00. As the college is intended to educate only respectable youths of good behavior, and is disposed to carry out its rules and regulations in all things, no pupil will be retained who persists in being insubordinate or who is known to indulge in vicious habits. For further particulars send for circular. Address personally or by letter, BROTHER MARCELLIAN, President.

See cut of building on advertising page 19.

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THE MEDICAL HERALD.

A MONTHLY JOURNAL OF THE MEDICAL SCIENCES.

DANIEL MORTON, M. D., Editor.

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BRANSFORD LEWIS, M. D. (late of the St. Louis Medical Review), European Correspondent.

To contributors of Original Articles, a liberal number of copies of the HERALD will be given (or mailed free of expense if addresses are furnished), and the publishers will furnish reprints at cost, application for same to be made when copy is forwarded.

Illustrations will be furnished FREE for all articles requiring same, if drawings are furnished.

Original Articles, Clinical Reports, Society Proceedings, Correspondence and News invited.

Address all matter intended for publication to the editor.

Volume X. Number 5. | ST. JOSEPH, MO., MAY, 1891 | Sample Copies Free. $2 a Year, in Advance.

ORIGINAL

A Neglected Phase of Sanitary Science.

BY S. STEWART, M. D., D. V. M., COUNCIL BLUFFS, IOWA.

Assistant State Veterinarian of Iowa.

Read before the Missouri Valley Medical Association, Omaha, Neb., March 20, 1891.

Any one familiar with current medical literature cannot but have noted the prominence given to preventive medicine. Sanitary science has developed very rapidly during the past quarter of a century, and is now established as a department of several State and National governments. All well-regulated medical colleges include it in their curricula. The medical journals and the public press are constantly proclaiming its importance in some of its many phases. In view of the fact that new medical colleges are being founded, and many older ones are increasing their teaching capacity, and the fact that thousands of students are graduated from these institutions annually, who expect to earn maintenance and fame by practicing the healing art; and whose self-interests would naturally cause this rapidly increasing army of scientific artisans to desire extended opportunities to earn maintenance and renown; in view of these facts, somehow the notion is rapidly growing among us that we must give greater attention to what would appear to be, financially considered, a suicidal policy; namely, the prevention of disease. The prevention of disease, too, not in any narrow sense as applied only to individuals, but in a broad sense as applied to counties, cities, States and nations. The idea of preventing the spread of contagious and infectious diseases by the processes of isolation is so old that we cannot trace its beginning, but we know that it was limited in its application when history began to be recorded. The Hebrews compelled their lepers to live outside the city walls and to cry, "Unclean!

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unclean!" if a wholesome person approached them. To-day a long list of diseases come under the ban of quarantine to give greater protection to man and beast.

It is scarcely possible for the citizens of to-day to realize how complete is the protection secured to himself and family by quarantine regulation, when compared with the dangers to which his ancestors were exposed. Cholera is kept at bay, small-pox is readily controlled, outbreaks of scarlatina are greatly circumscribed, pleuropneumonia has been banished from the herds of America. Pasteur established the fact that decomposition of animal and vegetable substances was caused by living ferment germs which were capable of floating in the air, and from the establishment of this truth has developed our modern notions of the importance of cleanliness, asepsis and antisepsis. Cleanliness and disinfection are faithful handmaids of isolation, and should be given full credit for the part they play in the successful attainments of preventive medicine by quarantine. The immortal Jenner taught the world to substitute a benign for a malignant form of disease, and the workers in this field of research to-day are legion. Pasteur made a great name when he subdued anthrax by vaccination, and he made it greater by mastering rabies. Koch has endeavored to eclipse his French confere by devising a remedy to prevent the ravages of tuberculosis Salmon and Paquin are endeavoring to find a preventative for Texas Fever of cattle, and Billings claims that he has perfected a method of preventing the onslaught of swine cholera. This wonderful phase of research is extending in many directions. Salisbury claimed to have demonstrated that malarial diseases were due to the presence of living microscopic germs which floated in the air. Pasteur demonstrated that anthrax was caused by the baccillus anthracis which gained admittance to the animal body with the food or drink. Koch has fixed his name to a comma-baccillus which is the admitted cause of tuberculosis. The proof is abundant that many other diseases are caused by specific micro-organisms. The knowledge of these things has made self-evident the importance of using all the preventive measures known to suppress the development and spread of pathogenic germs. To accomplish this, three phases of sanitary labor are required; one which endeavors to secure pure air to breathe; a second to secure pure water to drink; and a third to secure pure food to eat.

It is now generally understood that the gases and germs of decomposition vitiate the air of homes and populous centers if no provision is made for the proper disposal of necessary detritis. It is even believed that disease germs find a breeding place in filth deposits. Public experience has proven that clean surrounding tend to good health. Modern cities have provided themselves with costly sewers that small solid and liquid wastes may be floated to purifying agencies; while the coarse refuse is carted away in garbage wagons. Public officers are required to inspect the sewer connections in the homes of private citizens before they are permitted to use them. All this money, skill and invasion of private rights are employed to secure wholesome air for a breathing public. Equal solicitation is given to the water supply, for the thinking public is very shy of the limpid fluid before a chemical analysis has demonstrated its fitness for human consumption. Nauseous and vile decoctions are greedily gulped down by a credulous public, when the mixture is styled "a popular beverage," but it becomes fastidious when water is the substance to be swallowed. And rightly so perhaps for physicians and

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the medical press have taught the world that there may be danger in a cup of water, and so there is if the water be polluted; hence the dweller in the city is forbidden to use his well and forced to pay tribute to the water companies in order that the public health may be preserved. If it be necessary to provide against the accumulation in and around our homes of animal and vegetable waste products that the air may not be loaded with putrefactive germs and the spores of infectious maladies, or contagious elements find their way into our drinking water; is it not equally necessary that scrupulous care be given to the purity of the food with which our bodies are nourished; for who shall say that less misery and loss of life is brought to man by the food he consumes than that which assails him from any other channel. What is the evidence of this point? Let me introduce some of it for consideration. The official report for the Berlin Abattoir for the year 1887-8, shows that a total of 924,815 animals were killed. The entire carcasses were condemned and seized as unfit for human food in 5,783 cases. The cause of seizure being shown in the following table:

DISEASES.	NO. OF ANIMALS.
General tuberculosis	2,435
Caseous pneumonia	14
Peritonitis	6
Dropsy	298
Scrofula	1
Ruptured stomach	5
Jaundice	84
Loathsome character of flesh	131
Bloody	36
Trichinosies	311
Tapeworm	1,936
Echinococcus	1
Actinomycosis	69
Calcareous concretions	67

Besides these total seizures, single organs and parts were condemned from 23,297 cattle, 9 calves, 9,051 sheep, 19,459 pigs. There were also withdrawn from consumption, 2,727 unborn but nearly developed calves, and 7,993 calves in less advanced stages of development and 157 animals that had died. Tuberculosis was detected in 4,300 cattle, 8 calves and 6,393 pigs, and on account of this disease the entire carcasses of 985 cattle, 8 calves and 1,442 pigs were condemned; while 8,322 organs or parts were withheld from consumption. Actinomycosis in the muscles led to the seizure of 69 pigs and 67 in addition were condemned for calcareous concretions. In the cases of the seizures of parts and organs echinococcus was present in the lungs of 5,128 cattle, 3 calves, 3,348 sheep and 3,681 pigs, and in the livers of 1,887 cattle, 2,436 sheep and 4,715 pigs. The presence of threadworms led to the withdrawal of the lungs of 788 sheep and 3,237 pigs. No less than 249 persons are engaged in connection with the inspection of meat for the city of Berlin. The public abattors of Boston and other cities furnish a similar list of diseased conditions found in the animals slaughtered. Meat is so abundant in this country that none of us could consent to the use of diseased or tainted flesh, but when we contemplate that many of the enumerated diseases are transmissable to man we can realize how great is the importance of separating the impure from the pure, and consigning it to the furnace or the retort.

Tuberculosis is a disease which not only afflicts man but also his domestic

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animals; cattle, swine, cats and fowls are victims of this parasite. The morphology of the germ is identical in animals and man, and irrefutable testimony is recorded of the transmission of the bacilli from one to the other. This disease prevails to an alarming extent in the dairy cattle of Maryland, New York, Massachusetts and other eastern states. A very conservative estimate finds twenty-five per cent of the dairy cows of that region so afflicted. In European countries the infection varies from two to fifty per cent in their dairy stock. In Paris, in the year 1884, there were recorded 56,790 deaths of which about 15,000 persons died of tuberculosis. In New York City for the year 1888-9 there were 5,913 deaths from this disease, In Baltimore for the same year the total number of deaths were 5,193 of which 1,147 were due to tuberculosis. There is reason to believe that many cases of tuberculosis of the joints, bones, and lymphatics are classed with other diseases. Moreover a large number of persons affected with this disease recover. Many experiments have been made during the past three years by veterinarians and sanitarians in all the principal countries of Europe and in some of the experiment stations of America, and abundance of evidence has accumulated to outweigh every doubt as to the communication of tuberculosis from one animal to another by the consumption of the flesh and milk of tuberculous cattle. Drs. Peters and Ernst, of Massachusetts, selected 13 calves and 7 pigs known to be healthy at the beginning of the experiment, and fed them on the milk of eighteen tuberculous cows, selected from different herds within a radius of twenty-five miles of Boston. The animals were fed on the milk from these cows for some five or six months and then killed for post mortem examination. Six of the thirteen calves and two pigs showed plainly the gross lesions of tuberculosis. Nine of the eighteen cows were killed and the post mortem examinations verified the ante mortem diagnosis. These observers made 100 cover glass examinations of the milk from thirty-six different cows, all of them presenting more or less distinct signs of tuberculosis of the lungs, but none of them having lesions of this disease in in the udders. Of these samples examined, the baccilli of tuberculosis were present in 31 per cent of them. In a series of inoculations of milk from tuberculous cows, in rabbits, guinea pigs and calves, infection occurred in 10 per cent of the rabbits, in 28 per cent of the guinea pigs, and in 40 per cent of the calves. The conclusions drawn by Dr. Ernst are: First, and emphatically, that the milk from the cows affected with tuberculosis may contain the virus of this disease. Second, the virus is present whether there is disease of the udder or not. Third, that the baccilli of tuberculosis are present and active in a very large proportion of cases in the milk of cows affected with tuberculosis, but with no discoverable lesion of the udder.

Prof. C. C. Lyford, of Minneapolis, reports the infection of a number of pigs in a farmer's yard from eating a steer which became emaciated and was killed to be fed to the pigs. The steer was examined by the owner to see if he could find out why it grew poor instead of fat. His description of the peculiar appearance of the lungs, liver and spleen of the steer points plainly to tuberculosis. No other source of infection could be traced. Other cattle in the bunch of which the said steer was one, were found to be tuberculous.

A Rhode Island veterinarian was called June 15, 1878, to see a man's only cow. She had a bad cough. The veterinarian diagnosed tuberculosis of the lungs

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and advised the destruction of the animal. December 12th of the same year he saw the cow again, and found the temperature 104 6-10, pulse and respiration hurried, flow of milk diminished, but the family using it. Again he advised the destruction of the cow and to discontinue using the milk. February 22, 1879, the conditions were as before excepting marked loss of flesh and diminution of milk. The family still used the milk. May 30th the cow died and post mortem examination verified the diagnoses. In August, 1879, the baby of the family died of meningeal tuberculosis. In 1881 a five year old child died with what was called tuberculous bronchitis. And in 1886, the boy, nine years old, who for three or four years had been delicate, died with what was called quick consumption. So far as known the family history was free from tubercular taint.

Dr. E. F. Brush, by diligent research has clearly demonstrated the fact that tubercular troubles in the human family are found among the nations who make use of bovine dairy products as food; while those nations who do not use the product of dairy cattle as food are not afflicted with this malady. And the further fact seems to be fairly well established that this disease is most prevalent where high-bred and in-bred cattle constitute the dairy stock of a country. In China the poor, ill-fed and badly housed, who constitute the masses of the Chinese nation are remarkably free from tuberculosis while the rich and ruling classess are quite subject to it. The companion fact is that the masses do not use milk as an article of food being restrained by religious prejudices; while the rulers and the wealthy are not prejudiced against it and make it an important part of their diet. Analogous conditions are found in other countries.

Actinomycosis is a very common disease in the beef producing section of this country, and the State Board of Live Stock Commissioners of Illinois in the year 1888, made a careful investigation of this disease, employing in this work the State Veterinary officers of that State, Prof. James Law, of Cornell University, Drs. Clement and Walsh, of John Hopkins University and other eminent scientists. This Board of Commissioners found that Actinomycosis is a contagious disease, capable of being communicated from one animal to another, and from animal to man. Inspectors were placed in Charge of the Chicago Stock Yards, and discovered cases of this disease are condemned and sent to the rendering tank. Other stock yard companies maintain inspectors for this purpose. It is a well known fact, however, among shippers that many cases escape the inspector's notice, and are slaughtered for food. This disease may affect any part of the animal body but in cattle it is usually found in the bones of the head, the skin and glands of the neck, lungs and abdominal organs. The stock yard inspection is hurridly made while the cattle are driven into the weighing pens, and never afterwards; consequently only those cases presenting only prominent enlargement of the bones of the head and known as big jaw are recognized. The value of this kind of inspection must be limited. Thousands of these cases are so pronounced that shippers refuse to handle them, and they mysteriously find a market at home. Butchers frequently note the presence of what they term boils in the neck, chest and belly of the cattle which supply our local markets. These boils are usually actinomycotic nodules which butchers know how to trim out that they may not attract public attention.

The sixth case of this disease in man which was reported in the United States,

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was published in the journal of *Comparative Medicine and Surgerg* in July, 1889, by Prof. George A. Bodamer, Physician in Chief to the German Hospital of Philadelphia. This case presented itself at tho Pennsylvania Hospital in 1882 and again in 1878, when a tumor of the jaw was removed, but the character of the disease was not recognized. In January, 1889, it came under the care of Prof. Bodamer, who discovered this to be a case of actinomycosis and reported it in detail. Up to the date of the above report but forty-five cases had been reported in Europe. Within the past years many cases have been reported. It is probable that many cases of this disease are classed as osteo-sarcoma, scrofula, tubercle, empyemia, abscess of the liver, abscess of the glands of the neck, etc. And only when the general practitioners of this country become thoroughly acquainted with its character and diagnosis, will the profession have any idea of how frequently these cases occur in mankind.

Tapeworm, a very common disease, can only be acquired by the ingestion of partially cooked beef or pork which harbors it in its immature form. Of 1,037 hogs examined in Montreal by Drs. Osler and Clement, seventy-six were infested with the cysticerus cellulosa or immature form of tenia soleum. Circulars sent at that time to the physicians of that city revealed the fact that no less than 200 persons were suffering from this parasite. Trichinosis, a disease derived only from infected pork, is sufficiently violent in its nature to command national attention, and our government has recently passed an Act intended to exclude trichinos pork from inter-state and international commerce.

Special International Congresses and special International Veterinary Congresses have been held to discuss tuberculosis. To determine its cause, its source; its methods of transmission and its control. This malady being such a universal and intractable scourge, these congresses have finally concluded that this disease is caused by a micro-organism; that it is communicable from man to man and from man to animal and vice versa; that it is transmitted through the air, food and drink; that the milk and flesh of tuberculous cattle contain the germs of this disease. From equally as good authority we are assured that other microbic and parasitic diseases are communicated from animals to man through the use of their flesh. Many disorders not yet so classed may emanate from the same source, It is quickly apparent and easily proven that scarlatina is communicable from one individual to another, hence the general acquiescence and demand for quarantine. It is not so apparent but might be easily proven that an endemic of bowel troubles is often dependent on the unwholesome state of the dairy supplying that community with milk. Several cases of tabes mesenterica in a given community might excite the wonderment of the attending physician yet it probably would not lead him to suspect that tuberculosis afflicted the cows supplying the milk on which these cases subsisted. The diarrhœa which afflicts a whole family directly following a meal of highly spiced sausage might attract the physician's attention to the exciting cause, but would it induce him to proclaim the importance of careful meat inspection. All European nations excepting England and Russia, have sanitary police regulations, preventing the use of the carcasses of animals diseased with anthrax, rabies, septicemia, cattle plague, small pox in sheep, cholera in hogs and fowls, general febrile disturbances and unborn animals, also organs and parts

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afflicted with parasitic and other diseased conditions; and in some nations rigid dairy inspection is enforced. In America it is different. Everything is consumed without challenge because we do not realize its importance.

In the year 1890 the New York City Board of Health, through its inspectors of markets, confiscated the enormous amount of 1,200,000 pounds of tainted meat and fish, and 1,056,000 pounds of decaying vegetables, and caused the arrest of 299 venders of adulterated milk. This sanitary work may add some to the good health of New York but how much greater good would accrue were diseased meat and milk excluded from her markets. If the vendors of New York would sell decomposing flesh, fish and vegetables; would sell recently born and unborn veals to make chicken pot-pies and salads, to say nothing of diseased brains, lungs, livers, etc., is not the same thing true in Omaha, Kansas City, St. Joseph, and all other cities and towns of the country. Would a physician offer his little patient a glass of milk if he thought the baccilli of tuberculosis floated in it? Would he recommend a rare done beefsteak or a lightly boiled slice of ham if he realized that it might contain an embryo tapeworm? Certainly not. But if he would stop to consider the possibilities he must become an advocate of inspection; he must feel a desire to have every known precaution taken, not only for his own personal security but for his community and mankind in general.

It is under the tutorage of the physicians of our land that the American people have learned the value of quarantine against cholera, small pox and other contagious diseases, and are willing to submit to necessary restrictions for the public good. It is under the same tutorage that it has learned to keep cities and towns comparatively clean, that wells near cess-pools and privy vaults are abandoned, and the water supply taken from the purest available source. When the physicians themselves fully realize how important it is that food be pure, and train the public mind to a comprehension of this subject, then will people demand and secure this needed phase of sanitation.

You may ask who is prepared to inspect our animals, our meats and our dairies? Who is it that can discern the measly pork and the actinomycotic beef? Who can discover the tuberculous cow or recognize the unborn veal? A sister profession is at hand to do these things. She is even now training her members in this direction. The educated veterinarian will supplement the labors of the medical profession in this important phase of preventative medicine, and go hand in hand with the physicians to extend and improve public sanitation. Educated veterinarians are everywhere calling public attention to the diseases which are transmissable from animals to man, and doing what they can to warn the people of this source of disease and death. They have taken charge of this phase of sanitiary work in several European nations, and will be prepared to do so in this country, when the public is awakened to its necessity. Physicians are the sanitary tutors of this republic and it devolves upon them to teach the people concerning this phase of public danger and point out the way to avoid it.

An old Irish soldier, who prided himself upon his bravery, said he had fought in the first battle of Bull Run. When asked if he had retreated and made his escape as others did on that occasion, he replied, "Be jabers, those that didn't run are there yet."

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The Operation for Intubation of the Larynx, With Report of Twenty-two Cases.

By HAL. FOSTER, A. B., M. D., Kansas City, Mo.

Laryngologist to All Saints and Missouri Pacific Railroad Hospitals.

Read before the Missouri Valley Medical Society, at Omaha, Neb., March 19, 1891.

Mr. President and Gentlemen of the Missouri Valley Medical Society:—Intubation in stenosis of the larynx from any cause, revived, improved and popularized by American genius and perseverence, must soon, by its very simplicity, readiness, marvelously quick relief in moments of urgent danger, and brilliant, ever-improving statistics of cure, find a world wide acceptance and become universally practiced. In 1885, Dr. Joseph O'Dwyer, of the Post Graduate Medical School of New York, brought this operation before the world, and to him we owe a debt of gratitude. Those of us who have received instructions from his hands, love and trust him. Is there a distinction between croup and diphtheria. Some apology is needed for alluding to that subject, because it was discussed so recently. My apology is that notwithstanding all the ability devoted to it, diphtheria still remains the most defiant of the so-called zymotic diseases. Hume and Jacobi say that the two diseases are identical. Churchill, Lenox, Browne and Sir Morell Mackenzie say that they are distinct diseases. O'Dwyer, Loomis, Winters and Flint of New York, all say that they are distinct diseases. You see we have good men on each side. I have been taught, and clinical experience sustains the the teaching, that they are distinct diseases. I believe diphtheria is highly contagious, and when it occurs in a family more than one member is apt to have the disease. While croup is not contagious and cannot be conveyed to other members of the family, intubation cures in croup. In diphtheria it keeps the patient alive while the remedies and food can be given. In such a case the treatment by antiseptics can and must be used. I have been told that the operation is not good surgery, in tracheotomy the wound can be treated on sound principles, and secondly, that it requires an expert to stay with the patient all the time, while in tracheotomy no expert has to stay with the case. These are all mistakes, the tubes can be left in for twenty-four hours without any fever and no physician need to stay with the patient all the while. My friend Dr. Waxam, of Chicago, told me last November that he had performed the operation over 300 times and had saved 130 of his cases. A great many surgeons have told me that they have no success with tracheotomy, all their patients die. Jacobi has had 100 tracheotomies and 100 deaths. In Mount Sinai Hospital, New York, where his work is largely done, the young physicians are in the habit of saying the operation means death. Holmes, of London, page 303, says: "Tracheotomy is the most dangerous of all surgical operations in its immediate performance and in its secondary complications." Dr. S. D. Gross, page 231, says about the same thing as Dr. Holmes. He says: "I hardly know an operation in all surgery that I would not rather undertake than this." Dr. Jacobi says he never goes to a tracheotomy operation without fear and trembling. He says more patients die on the table in tracheotomy than in any other surgical operation. Lenox

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Browne, says: "Tracheotomy is an alarming operation to hear of or look at. I have substituted intubation." In Kansas City I have known quite a number of deaths in tracheotomy to occur on the table. The Germans advocate very large tubes in tracheotomy. O'Dwyer says that it has a tendency to cause pneumonia or bronchitis while the tubes are in, which will be more than apt to cause death. The large wound is now apt to become diphtheretic and cause other secondary complications. The instruments consists of a gag, an introducer, an extractor, and five tubes of different sizes. The physician who wishes to become expert in this operation should first thoroughly familiarize himself with the instruments. He should practice working the spring of the introducer, which should be operated by the thumb and not by the forefinger. The extractor should be held in the same manner. You can practice by introducing the tube (in this manner, demonstrating) into the closed hand, detaching the tube and pressing it down out of sight. It is also well to practice extraction, because that is even more difficult; try and become accustomed to the feeling of the head of the tube, and appreciate the opening in whatever position it may be placed. The instruments should be held lightly and the operation should be performed with the utmost gentleness. I have heard gentlemen say, that the tubes and instruments were too frail, breaking their gags, introducers and extractors. I have no sympathy for those physicians. The same quickness and gentlenes that is employed in passing a catheter should be exercised in passing a tube into the larynx. No force is used, no anæsthetic is required, and the operation should not take longer than ten seconds. It is still better to become familiar with the anatomy of the larynx, by work on the cadaver. In performing the operation the physician should first select a tube suitable to the age of the patient, the smallest being suitable for a child under two years, next in size for one between five and ten. A suitable tube, however, may be selected by reference to the scale which accompanies each set. The tube should be threaded with braided silk or linen thread, making a loop about fourteen inches long. The obstruction should then be screwed upon the introducer, and the tube attached.

The patient wrapped should be held upright in the lap of a nurse closely against the left breast with the head resting on the shoulder. The nurse should sit upright in a straight back chair and the patient should be held firmly and not be permitted to slide down. The forearms of the child should be crossed in front and the nurse should grasp the wrist. An assistant standing behind should hold the head securely and slightly backward. The gag should be introduced into the angle of the mouth well back, between the teeth and wide open. The operator should then quickly seize the instruments with the tube attached, hook the loop of silk over the little finger of the same hand, closely followed by the tube. He may simply hook the epiglottis forward with the index finger and guide the end of the tube gently over it, when by making an abrubt turn he will pass the tube into the larynx, if he has been careful to keep it into the medium line. The moment the end of the tube is passed into the larynx, it should be detached from the introducer by pressing forward on the side. As the instrument is removed the tube should be pressed down into position by the finger which should still remain in the pharynx. That it has entered the larynx will be indicated by violent coughing and easy respiration. If it has passed into the œsophagus no relief is given, there is no violent

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coughing, and there is gradual shorting of the loop as the tube gravitates towards the stomach. If quite certain that it has entered the larynx, the gag should be removed and the loop should be placed backward over the ear. The operator should wait a few minutes to make sure that the tube is in position, and to allow the cough to expel the ropy mucous and softened membrane. He should now cut the loop near the mouth, replace the gag, and introduce the index finger of the left hand until it reaches the head of the tube; by pulling on one end of the loop it is quickly removed leaving the tube into the larynx. In extracting the tube the patient should be placed in the same position as when the tube was introduced. The extractor should quickly follow the finger, the point of which should be guided into the tube. If after a few gentle and careful attempts the tube cannot be removed, an anæsthetic should be given.

The operation presents many advantages for our consideration. The operation may be performed by the expert quickly, almost instantly. There is no shock, no hemorrhage, and the relief is as prompt and complete as after tracheotomy. The greatest advantage, is in the fact that we can always gain consent of parents, and thus are saved many lives where tracheotomy would not be permitted. In feeding, the child should be placed on an inclined place. I have performed the operation twenty-two times, with seven recoveries. In none of my cases was the operation done until severe and increasing dysponea demanded it. Being called as consulting physician, everything else had been done, and the patients practically given up to die. The following case I will briefly report: January 10, 1891, I was called by Dr. Hunt to a patient with croup, a girl age six years. Had been sick for a week. There was great difficulty in breathing, the patient was pale and restless. The loud breathing could be heard on entering the room, it was very evident unless something be done at once death would soon end the scene. After explaining the operation and gaining the consent of the parents, I rapidly did the operation for intubation of the larynx. In one instant the little patient was breathing quietly and soon passed into a much needed and peaceful slumber. After five days she was well. All your pains, expense and trouble will be repaid you, when you know that you have snatched the little patient from a speedy death. They cannot thank you in audible tones but in looks, smiles, and last but not least the quiet breathing. Several of my patients have been in the families of physicians.

At a recent meeting of this society the operation was considered to be unsafe by several of our general surgeons. The successes of any operation, we must admit depend largely upon the subsequent management and treatment of the case; the value of the operation, however, will be determined by results rather than by possible methods of procedure. Intubation has been practiced and it has been a recognized fact, and doubt no longer exists as to it being a life saving agent, if not the best means at our command for fighting that formidable disease membranous laryngitis. How does diphtheria tend to cause death when left to itself. In a very large proportion of fatal cases, the diseases in young children ultimately causes death by mechanically obstructing the passage of air into the lungs. The object of intubation is to supply a provisional air passage in the place of the obstructed rima-glottidis so as to allow the disease to run its full course, and to gain

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time for the administration of remedies, and if it accomplish this, it should be acknowledged, even though the patient should die afterward from the persistence of the original disease, or some of its complications. That it does accomplish this will be seen by the mode of death after the operation. This depends very much upon the type of the disease, the time the operation was performed, the condition and care of the patient. When the operation has failed to save life, it has been generally done too late, secondary complications in the bronchi and lungs have arisen, there has been sudden collapse or the persistence and extension of the disease caused death by means of asthenia and uremia. I wish you to mark that none of these causes of death are instances of failure of the operation when properly performed.

Conclusions. Intubation of itself, performed with care, involves little, if any, danger to life. Accidents during the operation generally result from want of care. It prevents asphyxia, and thus gives more time for the administration of remedies, and for the system ultimately to throw off the disease. It prevents laborious and rapid breathing and lessens exhaustion. It allows a free supply of air, and thus assists in the cure of the original malady. It is the supreme resource, and as the patient cannot be made worse by it, do not postpone it until there is but a forlorn hope even from it. Persistence of the original disease, delay in the performance of the operation, and neglect afterwards are the causes of its failure. Operate early, very slowly, deliberately, carefully, and without hurry. It is never too late to operate, even though the child has stopped breathing, if life is not extinct, insert the tubes and perform artificial respiration. I have saved several children under just such conditions. If strangulation is the main symptom neither age, constitutional condition nor complications can furnish a contra indication to its performance. It alleviates suffering. It mitigates all the symptoms. It obviates secondary complications. It never adds one element of danger to the original disease. Statistics taken collectively show that nine-tenths of the cases which render the operation needful will suffocate without it. Performed early it snatches from certain death fully two-fifths of all the cases. No patient who dies after the operation would have lived if it had not been performed. When it fails to save life the relief afforded and the substitution for the more agonizing mode of death strangulation, of one of the least, by asthenia, are sufficient reasons to justify its performance. The dictates of science, facts and common humanity unite in demanding it.

Posterior Spinal Sclerosis.—In my opinion the determination of the existence of fulgurating gains with one or more of the four symptoms I have referred to in detail, occurring in a subject over twenty years of age, not only justifies, but renders imperative the diagnosis of posterior spinal sclerosis. Any other diagnosis should be held as betraying ignorance or want of scientific courage. Excuse the force of this remark, but my memory is so filled with recollections of neglected and maltreated patients that I must cry out loudly in behalf of an early diagnosis of tabes. The existence of fulgurating pains alone, in a subject over twenty years of age, warrants a diagnosis of probability, and justifies the ordering of a special treatment. The occurrence of transitory or permanent diplopia (strabismus), especially if the subject be over thirty years of age, should at once arouse a suspicion of the beginning of tabes, and other symptoms should always be sought for diligently.

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Treatment of Stricture of the Rectum, With Report of the Case.

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Stricture may be congenital or acquired. The congenital is usually described under the head of malformation and will not be considered in this paper. The acquired may be classified as follows, viz.: Those due to pressure from outside the bowel; 2d, spasmodic; 3d, non-venereal; 4th, venereal; 5th, cancerous. A tumor of any kind in the pelvis will not infrequently so press upon the rectum as to obstruct its calibre. There has been much discussion by the authorities as to whether we ever have a spasmodic stricture, the majority, however, have great doubt as to their existence, especially if their constriction is above the sphincters. A stricture which disappears upon the anæsthetizing of the patient is a so-called spasmodic stricture. Non-venereal strictures are divided into the dysenteric, traumatic and inflammatory. Dysenteric ulceration is one of the most frequent causes of stricture. The ulcer is usually extensive and sometimes results in multiple strictures. A stricture may be the result of poctitis acute, or chronic when sufficiently severe to cause changes in the wall of the rectum; a simple traumatism may lead to the same results, either by causing ulceration and cicatrization, or by exciting a chronic inflammation in the submucous and connective tissue. The more prominent of traumatisms which may result in a stricture are operation for hæmorrhoids, foreign bodies, the application of strong acids, kicks and falls, some surgical operations, and injury produced by the head of the fœtus during child birth. There is another form of stricture I wish to mention which is a result of a thickening of the folds of mucous membrane which are normally present. Venereal stricture may be classified into the cicatritial and neoplastic. Venereal ulcerations, which by subsequent cicatizations are eapapble of producing strictures are the chancroid, and the later syphilitic ulcer. The chancre and mucous patch may be excluded since their influence in causing stricture is more a matter of surmise than of proof. There is a form of venereal stricture which does not undergo ulceration primarily; this may be called neoplastic. In this class we find the gummata, the ano-rectal syphiloma, and a later manifestation in which we have a deposit of new material in the rectal wall as a result of the inflammatory condition. In studying the pathological anatomy of stricture, there are several points to be observed, for changes will be found both above and below it, and in the surrounding tissue. Usually the membrane at the stricture will be destroyed and the connective tissue increased in quantity, thus increasing the thickness of the rectal wall. Later, the membrane, due probably to the reclaimed fecal matter, will show ulceration in all stages, from a simple congestion at one point to a complete destruction in another. The ulceration may extend up and down the bowel and possibly result in perforation. There is a low form of

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peritonitis, which frequently accompanies stricture. The rectum below the constriction seldom remains unchanged; hæmorrhoids, vegetations, excoriations, fistulæ, or cutaneous logs of greater or less size usually follow in close pursuit which are caused by the discharge from the disease above. Stricture proper is not met with so frequently as is supposed; the fact that a patient complains of obstinate constipation, or passes a ribbon-like stool is in nowise a clear indication of stricture, for we sometimes have the same symptoms from ulceration of the rectum. Stricture is more common in females than males. Bryant found in forty-eight consecutive cases that thirty-two were women, and of this number twenty were under thirty years old, fifteen of these being women and mostly if not all syphilitic. Twenty-two were over forty years of age, of this number, half were men and most of these were of cancerous nature. Allingham in his work reports seventy cases, of this number sixty were women; out of the seventy thirty-five had undeniable syphilis, while five had symptoms, but not decisive, of having contracted the disease. This leaves us thirty who had undeniably never contracted syphilis. He found that about the same proportion of males contracted syphilis. From the above statistics it is readily seen that syphilis plays an important part in the causation of stricture. One of the first things to direct our attention to stricture is a continual uneasiness above the rectum, this is usually followed by pain attending the passages; great efforts at stool with unsatisfactory results; constipation in early and diarrhœa in the later stage; lumpy stools containing blood, pus and mucous; great straining at stool, with a sensation as if the bowel had not emptied itself; tape or ribbon-like stools; and as the stricture becomes smaller we have a complete stoppage, abdominal distension and dyspeptic symptoms. A stricture may or may not obstruct the entire calibre of the rectum. The most extensive disease is found in cases of syphilitic deposits, syphilitic sclerosi, or dysentery. In making out the diagnosis first get a complete personal and family history, follow this by the subjective symptoms. Then make a digital examination by which you will complete the diagnosis, since nearly all strictures are found low down in the rectum. If the stricture is high up different symptoms are noticed, the patient complains of pain in abdomen, groins and down the limbs, constipation, with occasional diarrhœa. A stricture in this locality is very difficult to make out and they should be examined for with great caution. I can distinctly remember perforating the rectum while endeavoring to make a diagnosis with a soft rubber bougie; fortunately for me, the patient made a good recovery. If bougies are used the flexible, soft rubber should be chosen and then used with *great caution.* I prefer a rubber tube which I have to the bougie. Dr. Kelsey says he knows of no other way than this by which a stricture high up which cannot be felt by external manipulation can certainly be diagnosed except by exploratory laparotomy. The prognosis is unfavorable in so far as a cure is concerned. All we can hope to do in many cases is to prelong life by keeping the opening sufficiently large so that the patient may have a fairly comfortable stool. The treatment should be local, constitutional, medicinal and operative. The first question to settle is, has the patient syphilis or not? If you have reason to think he has put him on the mixed treatment at once: yet you should be careful and not prescribe the iodide of potash and mercury indiscriminately; if you do it is possible for you to make as many mistakes as those physicians who think all strictures are of a cancerous nature

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and guide their treatment accordingly. Cicatritial tissue, through a result of specific disease, is beyond the reach of specific treatment, but where you see the case in the early stage much improvement will be gained by a thorough course of mixed treatment, and a gummatous deposit, or a syphilitic sclerosis may be prevented. Mercury in the form of ointment may be used, but will irritate if there be much ulceration. There are many ways by which the comfort of your patients may be increased without recourse to operative treatment, and which should not be overlooked in the surgeon's eagerness to operate. Careful attention should be paid to the diet. So far as possible it should be fluid; milk in large quantities is preferable in conjunction with other liquid and semi-solid foods; the bowels should move at least once a day, the mineral waters, Rochelle or Glauber salts will be sufficient in most cases. Purgatives are not indicated because of the straining and tenseness which follows their administration. Look after the general health; give cod liver oil if indicated. The most important thing is to secure rest in the recumbent position, and advise the patient to walk as little as possible. When the ulceration is deep and contraction has commenced you should be guarded about your prognosis. Yet a great deal of life may be instilled into the patients if they will give themselves over to your treatment for a greater or less length of time. If they are indiscreet they may undo in a day what you have done in months. One of the best ways of using medication to a stricture is by means of the pile pipe, which has a large bore and tapers to a point; the tapering portion has numerous holes in it; when the reservoir at the base is filled with ointment replace the screw in base of the reservoir and turn it inward and the medication is forced out on all sides alike. Alingham favors the following prescription:

℞ Bismuth sub. nit.....ʒii
Hydrarg. subchloride.....ȝii
Morphia.....gr. iii
Glycerine.....ʒii
Vaseline.....ʒi
M Sig. Use in pile pipe

This you will find a sedative application and a good one. The subacetate of lead, opium and belladonna in the form of suppositories or ointments will be found serviceable. All sorts of astringents may be used; zinc, copper and the nitrate of silver will all do good in some cases, occasionally the fuming nitric acid will do good work in stimulating healthy granulations. By these means, combined with gentle dilitation, the life of the patient may be prolonged in comfort. If your patient complains of abdominal pain put on hot fomentations. This in a general way covers the medicinal treatment.

The surgical procedures at our command are the following, viz.: Dilitation, division, colotomy, proctotomy or rectotomy. Before operating on a stricture impress upon the patient the fact that they have a very serious trouble and the probabilities are that they will never be entirely well. If you choose to operate by dilitation the soft rubber bougie should be chosen; the dilitation should be intermittent and not constant because of the ease with which the rectum becomes irritated, and peritonitis may follow the constant use of the bougie. Dilitation may be aided many times by nicking the edge of the stricture before passing the bougie; the one selected should be of a size sufficiently small to pass the stricture easily and without

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much pain, and if you are in doubt as to the size to use the best authorities say to use the smallest; the object being to cause absorption by gentle irritation and not to cure by forcing a large opening. The treatment by gradual dilitation is being superceded by more radical measures. Some favor rapid divulsion, I do not for I have seen some very bad results from this mode of treatment. If the stricture is of a cancerous nature excision is indicated; this operation is performed in some cases of benign stricture where it is near the anus. I did this operation not long since on a case of benign stricture about an inch and one-half above the anus and the patient made a splendid recovery. Colotomy is usually performed in cases where the obstruction is complete or nearly so. I have assisted in performing this operation three times in the lumbar region and the results were all that could be hoped for. The lumbar region is the place usually chosen, though inguinal colotomy is sometimes performed; this operation I have never witnessed. Allingham has only performed it twice; both were infants and neither successful. He performed left lumbar colotomy on ten of the patients previously reported in this paper, and he says most all of them did well, and at the time his book went into print five or six were still living and seemed to enjoy life. The great objection to this operation is the disgust which the patient has to a false anus in the side, and I can duly sympathize with them for I had the pleasure of dressing and taking care of one of these individuals for six months and it certainly is very disagreable. Allingham claims that they overcome this disgust after a time and reports two of his female cases married afterward and made good wives. In case the stricture should heal after the colotomy then the false opening should be closed. I wish to refer in this connection to an operation which is becoming quite popular and is frequently done as a substitute for colotomy, namely, Verneuil's operation, or if you choose, proctotomy. It consists in dividing the whole stricture from its upper edge and all the tissues down to the coccyx thus forming a deep drain through which all discharges flow freely; the incision heals up, the ulceration ceases and the stricture sometimes gets well. The operation may be performed with a knife, Paquelin cautery, or the ecraseur; if the knife be used and a free gush of blood follows it will be necessary to pack the rectum with antiseptic lint; if, however, the cautery or ecraseur are used, there will be very little hæmorrhage. By this operation we get thorough drainage through the triangular wound and at the same time obtain rest of the parts by the complete division of the strictures. This, I think, is the *best, safest, most practical and humane* way of treating a bad case of stricture. The patients suffer very little pain after the operation and can have a comfortable stool at once. I have seen night sweats arrested in forty-eight hours, the patient rally, eat and drink and get well from that moment. I have performed the operation three times and the results were all very satisfactory. There is another way by which strictures are sometimes treated, namely, by electrolysis. My experience with this mode of treatment has been limited, but Dr. Kelsey says that so far as causing absorption to take place it is a delusion; he has seen some fair recoveries from its cautery action combined with gentle dilitation. In conclusion, I wish to report a case by Verneuil's operation. The patient, a widow, was referred to me by Dr. B. V. She was thirty years old; family history good; no indication of specific disease; had rectal trouble several years; never passed natural-formed motions, always in small,

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lumpy masses, or sometimes presented the ribbon-like stool, often passed blood, mucus and pus; had become quite emaciated, but said it was from the bowel trouble since she felt perfectly well in other respects; she suffers great pain when the bowels move and always strains a great deal; she dates her present trouble back two years at which time she was operated on for piles by one of the *blessed quacks* of our city who cure all rectal trouble without the *knife, cautery, ligature or pain*, presumably by the laying on of hands (blessed are they who make men happy for they shall receive their reward). No matter what he *did, if anything*, on digital examination I found almost a complete stricture one and one-half inch up, the edges were ragged and very painful to the touch, as a result of the extensive ulceration which was going on, and found the parts saturated with a foul discharge. I tried to pass a small bougie through the stricture but the opening was so small that a soft rubber bougie No. 4 would not pass it. I placed the patient under chloroform, dilated the sphincter, passed the point of my proctotomy knife just beyond the upper margin of the constriction and brought it downward and outward, dividing all tissue down to the coccyx, packed the rectum temporarily with antiseptic lint, which was removed on the third day without any bleeding, wound dressed with dry dressing; after the lint was removed on third day patient had a comfortable stool and suffered very little pain; at the end of six weeks the patient was able to do the housework, and says she feels better than she has for years, and her bowels move every day and she suffers very little inconvenience during stool.

12th and Grand Avenue.

Nasal Reflex Neuroses from a Physiological Standpoint.

By WILLIAM DAVIS, M. D., Omaha, Nebraska.

Read before the Missouri Valley Medical Association, at Omaha, Neb., March 19, 1891.

Mr. President and Gentlemen of the Society: Perhaps I owe you an apology for repeating certain matters in anatomy that are already well known, but I feel that it is essential to do so at this time, in order to make clear the facts and conclusions to which I wish to call your attention. The subject is sufficiently interesting, I think, to justify the repetition of well known, established principles. When first entering upon the study of the nasal cavity in its normal and diseased condition with a view of perfecting myself for special work in that direction, I was amazed and fascinated by the anatomical relations, the origin, the distribution and the function of the olfactory nerve in the Schneiderian membrane. It would ever recur to me, how do we smell, by what physiological process of the olfactory nerve is the perfume of our most fragrant flowers or the most horrible and disgusting odors imaginable conveyed to the brain center and then by the sensory nerves impressed upon the human economy that we are in the midst of perfumes that lend happiness to life, or odors that would make death preferable; nor is it to be wondered at, when we remember that if you divide a drop of musk into five hundred thousand equal parts, one drop is sufficient to produce irritation of the Schneiderian membrane, to create olfaction. I can quite readily understand how the various parts of the eye

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and its mechanism can photograph upon the normal retina any object that may be desired; and I can more readily understand how the ear can be made to receive and convert the wave motion of the atmosphere into sounds either harmonious or discordant; but the fine, delicate, physiological process by which odors are conveyed to the brain is to my mind the most complex problem in the whole human physiology. I believe every one in this assemblage will bear me out in the assertion that it is the only sense that remains unimpaired from early infancy to the begining of the eternal sleep. Did the thought ever occur to any of you that would suggest any reason why the olfactory nerve from its origin to its final distribution should be constructed so far differently from all cranial nerves? In many animals the olfactory lobe is very large comprising almost the entire base of the fore-brain. In water mammals it is entirely wanting, in the human being and apes it is very small, while in the wild horse upon our plains it is fully developed to its utmost capacity to warn them through the olfactory sense of approaching danger which besets them day and night. When we consider the intimate anatomical relations existing between the nasal air passages and the brain-center, it is evident to the most superficial observer that there exists a mutual relation between the Schneiderian mucous membrane of the nose and the brain. The olfactory nerve is but an off-shoot from the brain, and its distribution over the nasal mucous membrane is but a continuation or rather an expansion of the nerve fibres of the former so that we have a continuity of new structure subjected to the same identical morbid or diseased processes. The anterior bulbous extremity is called the olfactory bulb, and its posterior portion, which is continuous with the cortex of the frontal lobe has received the name of tuber olfactorum. The portion lying between the two has become atrophied to a thin pedicle, the tractus olfactorum. The olfactory lobe cortex has numerous connections with various regions of the brain farther back than any other nerve. Some of these are visible on the base of the brain and in part penetrate it. Formerly they were thought to be real nerve roots but according to our present views it is much more probable that they are tracts which seem to connect the olfactory lobe with some more central portion of the brain. The most external of these bundles can be traced into the temporal lobe. The result of physiological experiments make it probable that it terminated in the hippo-campus major. Investigation in comparative anatomy shows that these olfactory nerve roots have their termination not only in the hippo-campus major but probably in the cortex of the whole gynu-hippocampi and the lobe with which it is associated. "The olfactory differs in structure from any other nerves, in containing gray matter in its interior and being soft and pulpy in its structure. Its filaments are deficient in the white substance of Schwan, are not divisible into fibrillæ and resemble the gelatinous fibres in being nucleated and of a finely granulated texture." It will be readily understood how, with the roots of the olfactary nerve arising from every portion of the brain centre and its connection with all the cranial nerves, and penetrating every part of the central nervous system, how the reflex action of a diseased Schneiderian membrane can make its influence felt upon all the organs of the body, either augmenting or decreasing their natural functions until a diseased conditien is brought about. It is not my intention in this dissertation to speak of all the diseases produced by nasal reflexes, as the field is so large and the scope so great to even do more than hint at

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some of the more prominent, those that occur in the daily routine of practice and which will ever call upon our reserved resources to control successfully. They embrace a host of vaso-motor phenomena varying greatly in their nature and anatomical sphere of operation as various neuralgic conditions of the branches of the fifth pair, cough, asthma, vertigo, nightmare, hay fever, headache, diseases of the eye, bronchial tubes, stomach, gastro-intestines, utero-ovarian, genito-urinary, epilepsy, chorea and many others which disappear with the cure of the nasal affection. I will mention briefly but one disease produced by nasal reflex neuroses and that is chorea. In discussing chorea produced by or originating in nasal irritation we are traveling in a region as yet but partially explored and we are constantly menaced by difficulties and surroudded by theories and fancies that have troubled the minds of the most able and astute practitioners in that department of medicine. We can readily understand the physiological process of the normal mucous membrane of the nasal passages when attacked by some irritation. The irritation that affects the sensitive fibres of the trigeminus in the mucous membrane is led to the reflex center for sneezing by the afferent nerve, which center lies in the medulla oblongata and from there conveyed by the efferent nerves to the motor fibers of the expiratory muscles, while in other cases these same sensitive fibers may convey the same irritation to a group of ganglionic cells and thus exhibit its reflex neuroses upon any and all organs of the body. I think this is a reasonable conclusion though not an unerring one, one which any physician will be led to accept if investigation is unprejudiced. A simple experiment will demonstrate this theory fully. If you pinch an animal's nose the respiration is stopped in the expiratory movement and immediately the glottis is closed; you will observe a few jerking respiratory movements and in a few moments the respiration is as regular in rythm as before, but the influence upon the heart is far different; it suddenly stops in diastole, the immediate pulsations following are very slow but gradually grow quicker and does not resume its normal pulsation until long after the respirations have become regular. If this investigation is further pursued and other and more perfect experiments tried it will be shown beyond a doubt that the olfactory nerve plays the most important part in the nasal reflexes. Experiments have been pursued upon the following lines and with the following results: If in the nose of a dog in which the trigeminus and the superior and inferior laryngeal nerves were severed, sulphate of carbon was blown, this would make the respirations slow or stop them entirely, and the heart arrested in diastole as before. In some animals there was choreic convulsions before the respiration and pulsation was arrested, while in others there was well marked epileptic and choreic convulsions. I have asked myself many times this question: Why did not all animals under the same experiments show choreic and epileptic convulsions, but I can no more come to a definite conclusion than I can tell why the nasal reflex neuroses would produce headache in one person, dyspepsia in another, epilepsy in a third or chorea in a fourth. If I could answer the question I would end all controversy; but these experiments have led to one fact, and that is that nasal reflex neuroses will produce chorea. This is no longer a problematical question when taking into consideration the complete ramification of the olfactory nerve in and through the nerve centers and their ganglia. In nervous disorders it must always be borne in mind that there is a dynamic derangement of

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nerve centers, or some change in their intimate mode of action, without always a recognized alteration of the nerve tissue. Excitability is the common property of life and is an essential condition for our existence. How far this excitement can be varied in going beyond or falling short of the limits of health will admit of considerable variation. It is a well known fact, says Brown-Sequard, that efforts have been made to establish the theory that chorea depended upon structural changes in the nerve center, known by special names. There is more reason to place the seat in various parts of the body, as mucous membrane of the bowels or stomach, or nasal membrane or sole of the foot, or in any peripheric part of the nervous system where an irritation formed will produce chorea. In such cases an irritation starts from the place where we find an organic lesion and proceeds to nerve cells at the base of the brain. Through the irritation the nerve cells have their nutrition impaired or altered and after a time these cells acquire that morbid excitability which is the cause of chorea. Brown-Sequard makes this statement: "We do not think that it will ever be possible to recognize what cells are altered as it is quite likely that the changes in them are more dynamical than physical, and that no more microscopical difference could be detected between two of them, one normal and the other possessing great morbid reflex power than there are visible difference, between two pieces of magnet one poor and the other rich in magnetic power." But do not presume from this statement that there is a nerve or organic change in cases of chorea, for it is a well known fact that long continued functional disturbances will eventually end in organic change. But the fact remains that no special lesion is constantly present; now if that be so is it not a fair and reasonable conclusion that chorea can be and many times is produced by nasal reflex neuroses?

Mary S.; female; aged 13; rather large for that age; coarse appearance, light hair, light blue eyes, pug nose, thick lips, large bones, small intellectual capacity and of emotional temperament. Mother of a highly nervous temperament; father a large consumer of tobacco, and very intemperate in all his habits; was placed under our care for treatment of chorea of about nine months duration, and presenting the following conditions: All the muscles were affected and she was fast approaching idiocy; was very irritable and peevish. The case had been under the care and observation of several very able medical gentlemen without any good results. A thorough examination of the vital organs disclosed no disease of them. There was less anæmia than you would expect to find in so long and severe a case; appetite was fair and the irregular movements did not cease during sleep. On making a thorough examination of the nasal passages it was found that the patient was suffering with vascular tumefaction of the inferior turbinates, and acute rhinitis. The conclusion was reached that the chorea depended upon the morbid conditions of the mucous membrane and subjacent tissue. The patient was put upon a course of treatment having in view the reduction of the tumefaction and cure of the rhinitis, with a hope that if that object was obtained the reflex neurosis would cease to exert its influence upon the nerve centers. The treatment consisted in spraying the nasal passages with a two per cent solution of creolin with thirty grains of chloride of sodium to six ounces of the mixture, and large doses of antipyrine. Under this treatment the patient was discharged completely cured in about four weeks. While I have the history of but three cases to present to sustain the theory advanced,

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which may not be sufficient to you to sustain all we claim, I have the consciousness of knowing that in the cases reported the result of the treatment was sufficient to sustain the diagnosis, because the cure was radical and complete, and improvement began immediately after the third seance and was complete at the end of three or four weeks. I do not wish it to be understood that every case of nasal stenosis will give rise to nasal reflex neuroses, yet there are cases when stenosis will set up a reflex action and a cure of the trouble is only obtained by a thorough examination of the nose and the reduction of the stenosis by surgical procedure, or topical application of remedial agents. I present the three cases in a group as the difference between them was very slight and the history of one would be the history of all. In one case there was complete aphonia.

409 New York Life Building.

Recent Experience in Abdominal Surgery—Sixteen Consecutive Cases.

By J. E. SUMMERS, M. D., Omaha, Nebraska.

Professor of Surgery Omaha Medical College; Surgeon to the Clarkson Memorial and the Immanuel Hospitals, Omaha, Nebraska.

Read before the Missouri Valley Medical Association, at Omaha, Neb., March 19, 1891.

In calling attention to my experience in abdominal surgery, embraced within the period from March 13, 1890, to February 28, 1891, less than one year, I do not propose to go into the details of all the cases, but briefly mention such as seem worthy of comment. My cases number sixteen. Twelve of these recovered and four died. Twelve of my operations were done in the Clarkson Memorial Hospital, with ten recoveries. One was done in the Immanuel Hospital, which recovered; and three were in private dwellings with one recovery. All of the four deaths were from lesions of the intestines—two absolutely necessarily fatal from the lesions found, and the condition of the patients at the time of operation. The twelve successful cases were, with two exceptions, pathological conditions of the ovaries or of the ovaries and tubes. To tabulate:

Adhesions to the ovary	1
Ovarian tumors	4
Encysted dropsy	1
Pyosalpinx	2
Chronic ovaritis with salpingitis	3
Appendicitis	2
Intestinal obstruction	1
Sarcoma of the colon	1
Umbilical hernia (strangulated)	1

I wish to select for my remarks, five out of my twelve recoveries, and also the four fatal cases. The others were of such character, difficult or easy, as many of you have frequently had in your practice.

Case II—Mrs. S., aged 28 years, had been an invalid for ten years, suffering with a long chain of symptoms referable to the uterus and adnexa. Among the chief of these were pelvic pain and too frequent profuse menstruation. She had had a laceration of the cervix repaired, the uterus curetted, worn pessaries and the changes in local and internal treatment had been wrung dry, and I had assisted in the wringing. The diagnosis as to the true local condition of the adnexa was not

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positive. On May 5th, (in the Clarkson Hospital) the abdomen was opened and after considerable difficulty the ovaries and distended tubes were freed from extensive adhesions and removed. The convalescence from the operation was uninteresting. Menstruation has never returned but the old pain continued for many months, and it is only recently that it began to disappear and at present is nearly gone. If such operations were followed up with reports, on the *results as to cure*, it would doubtless be found that many patients were not benefited by operation, or if at all, only after the lapse of considerable time. Personally such cases are known to me, and one of them was reported before a State Medical Society by a distinguished gynæcologist as a cure, when to-day the woman is a confirmed invalid, menstruating and suffering pain as of yore.

Case IV—Mrs. J , aged 50; multilocular ovarian tumor; operation September 8, Clarkson Hospital. The adhesions were universal to intestines, stomach, liver and parietal peritoneum, and their separation required much time and rather rough handling. After ligation of the pedicle the abdomen was well irrigated with hot water to combat the shock and stop the oozing. A drainage tube was employed and removed on the second day. There was a sharp attack of peritonitis which was controlled and recovery was rapid. Tumor weighed seventy pounds. This was the most difficult operation for the removal of an ovarian tumor I have over seen, and the recovery of the patient was a surprise to the physicians present at the operation.

Case V—Mrs. F., aged 35 years; multilocular ovarian tumor. The patient thought herself pregnant, felt fœtal life, and as the tumor grew prepared for her accouchment, notifying her physician of the expected event. Some two months after this date, she called her physician to explain the cause of delay, when upon examination the uterus was found normal in size and an ovarian tumor present. Menstruation had been normal. Operation October 8, Clarkson Hospital. A large multilocular tumor was removed; adhesions were plentiful. Irrigation and drainage; the tube was removed in twenty-four hours. Recovery uninterrupted.

Case VII.—Mrs. C., aged 24 years. Patient had been suffering with inflammotion in the region of the vermiform appendix for two weeks. Temperature ranging from 100° to 102° F. For two or three days prior to my seeing the case, there had been an aggravation of all symptoms and believing that interference was called for, she was removed to the Clarkson Hospital the same evening (October 28) on which I first saw her, and the abdomen opened at 10 o'clock at night. Incision five inches in right linea semilunaris. Intestines were matted together and after gentle manipulation, a small collection of pus was found and removed. The vermiform appendix could not be recognized. The upper half of the incision was closed, the peritoneum being sutured separately with cat-gut, and the region of the abscess and lower half of incision left open and packed with iodoform gauze. Recovery uninterrupted.

Case XIII—Mrs. G., aged 24 years. This woman was first seen by me during the fall of 1889, suffering with what seemed to be nephritic colic; the symptoms were apparently typical. She was seen again December 15, 1890, and found practically bed-ridden from pain along the course of the right ureter extending down into the pelvis. On examination, a tumor the size of the fist was found on the

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right side of the uterus and intimately connected with it. The tumor was exquisitely sensitive; there was likewise a much smaller growth on the left side. Menstruation normal. The attacks were paroxysmal. When the woman attempted to stand the body was bent over on the pelvis. It was noticed that pressure over McBurney's point caused considerable flinching. I decided to open the abdomen and investigate. The growths were found to be sessile sub-peritoneal fibroids; the right ovary was adherent low down behind the large fibroid with strong adhesions to the omentum and small intestines binding it tightly against the growth; these were freed, the omentum being shortened by amputation, On account of its depth and position I could not remove the ovary. The right kidney was palpated and found normal and the vermiform appendix carefully examined and also found normal. Convalescence was satisfactory. I was recently informed that the patient was free from pain and is attending to her duties as a housekeeper.

Case III—Mr. C., aged 54 years. I was telegraphed to go to a city one hundred miles distant to operate for strangulated hernia. On arrival, I found a man weighing 350 pounds, with a large umbilical hernia which had been incarcerated for three days. After spending twenty-four hours at personal manipulation, the patient had sent for medical aid, and the gentleman called tried taxis on two occasions under chloroform. The skin over the hernia was oedematous, mostly I thought as a result of the taxis. I declined to operate as there were no positive symptoms of strangulation, the man being free from pain and in excellent condition, saying he felt perfectly well. Temperature 99°, pulse 84. Ice was advised locally. Early next morning I was again summoned, and found an elevation of temperature and increased frequency of the pulse, tumor somewhat painful. I opened the sac and found an omental hernia, a small part of the omentum quite black and some other highly conjested; this was amputated. There was also another hernial sac adherent to this one, having its exit from the abdomen just above it, the rings being separated by one-half inch of parietal wall. The coverings of these sacs were the same, the contents of the smaller being intestinal, and not strangulated. This form of double sac is much less common than that variety where there are two necks to the same sac, which results (Wood) "from the remains of the uracus and hypogastric arteries at the upper part of the superior false ligament of the bladder, traversing the interior of the sac to the navel cicatrix, with adhesions to the neck, and with a pouch on each side, one of which may contain omentum, and the other large or small intestines. The suspensory ligament of the liver has been seen to form a similar division of the sac." It was not easy to reduce the omental hernia, so its ring was enlarged both downwards and upwards into the ring of the smaller hernia. The operation was completed by attempting a radical cure. The patient rallied well from the operation, but gradually sank, dying forty-eight hours later. The post mortem showed the intestines normal, omental stump congested, and a circle of inflamed parietal peritoneum three inches in diameter surrounding the sutured rings—primary union. What killed this man? Those whose experience has given them a variety of subjects, know that it is in the obese that a prolonged operation is dangerous at best, and most frequently fatal. The attending physician counseled operation on my first visit—the result proved his judgment better than my own.

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Case XI—Mrs. C., aged 35 years, was first seen by me September 25, 1890. Her condition was hectic, symptoms referable to the pelvis. Examination revealed an apparently typical old-fashioned "pelvic cellulitis." I urged immediate operation as giving the only hope. Consent was finally obtained. Patient would not go into a hospital, so the operation was done at her home, October 3d. On opening the abdomen, after breaking up a few adhesions, a gangrenous stinking tumor was exposed and thought to be a tube, but on attempting its separation it broke down and a large new growth involving the meso-colon and three-fourths of the lumen of the large intestine had to be removed. There was no backing out, in the crumbling of the gangrenous mass the sigmoid flexure was widelp opened. I therefore did Madelung's operation, removing some ten inches of the gut with its mesentery, and because of the tension had to establish the artificial anus at the upper angle of my incision. It was only owing to the cleverness of my assistants that I was able to get the patient into her bed alive. She rallied somewhat, but died on the third day. Post mortem not allowed. Growth proved to be a sacoma.

Case XIV—Mrs. C., aged 36; was first seen by me about the last of November. There was a history of obstruction of the bowels commencing two months previousy. The attack had been sudden and no efforts had availed for one month to produce an evacuation. At the end of that period several small, lose, thin movements took place and from that time to date there had been no movements, except on two or three occasions after the use of enemas, but these movements had been very small. The classical symptons of chronic intussusception, so well described by Treves, were marked. The intussusception could just be reached in the rectum, and the point through which the movements had taken place, recognized as a kind of dimple. The woman's condition was very bad. There was constant vomiting of a feculent character, and no nourishment could be retained. Three plans suggested themselves. 1. Lumbar Colotomy. 2. Inguinal Colotomy. 3. Abdominal Section for the purpose of, if possible, reducing the invagination, failing this, to establish an artificial anus. On December 7th, (Clarkson Hospital) I chose the third. Nothing could be done to overcome the obstruction, in fact, because of the distention of the large intestine above the intussusception it was most difficult to recognize the different parts of the colon. Neither the caecum, ascending or decending colon were where they usually belonged. A prolonged examination was out of question, so I closed my median incision and did a left inguinal colotomy (Littre's operation). The bowel was fastened in the incision but not opened. I did not want to open the bowel for four or five days, but the patient's condiiien was such, that at the end of forty-eight hours I did so, the relief was wonderful. Late at night of the day on which I opened the bowel, while straining and having an enormous movement the woman was seized with intense pain, and when I saw her and could clear away the fæces sufficiently to make a careful examination the cause was evident—a suture at the upper angle of the incision had given way and allowed a leakage into the peritoneal cavity. I immediately closed the opening into the gut, and did what I could but the damage had been done, and death followed the next night. No post mortem could be obtained.

Case XVI—Mrs. E., thirty-eight; was admitted into the Clarkson Hospital February 21; she was unconscious, pupils widely dilated and did not respond to

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light. Copious, loose, involuntary evacuation from the bowels. Thighs flexed onto the abdomen. Temperature 102° F., pulse 110. The uterus was fixed and there twas plainly some peritoneal inflammation. She had been sick one week, and under he care of physicians, who had, I understood, gotten the impression that the woman had taken opium in poisonous quantity, and it was quite evident that belladonna had been given her. Under symptomatic treatment she became conscious in two days, and the temperature went down to 99° F., but frightful pain was complained of radiating all over the abdomen, most acute over the uterus. Digital evamination revealed a mass in Douglas' pouch on the left of the uterus. I did not see the case for nearly two days. When I did her condition was generally bad, pain continuing, her cries keeping the whole house disturbed. Examination with consultants found the mass larger and extending to the right. Not much tympanites. Diagnosis: Pus in the pelvis from most likely a fallopian tube, possibly from a masked appendicitis. This opinion was given to those present before I opened the abdomen, which I did February 28. There was a general peritonitis. An abscess around the region of the location of the appendix containing about two ounces of putrid pus was evacuated and another, distinctly separate from this, was opened deep down behind the uterus. This contained quite a large amount of the same kind of pus. Leakage had I think, already taken place before operation. Most careful and copious irrigation was used, and in addition to a tube, iodoform gauze was packed into the pelvis and the positions of the abscesses. It was evident to all when the peritoneum was opened that there was no hope, still a careful attempt to save was made. Death in thirty hours. The post mortem examination showed the tubes not involvad, and a gangrenous appendix, mostly destroyed. I do not think it was possible to recognize the true lesion, under all the circumstances, early enough to have had surgery do any good. The physical signs were of pyosalpinx.

Remarks.—I use no chemicals in irrigating, simply hot, boiled water, and gauze, either iodoform or sterilized for sponging. Drainage whenever I have irrigated. Operating as rapidly as consistent with careful work, and although not a particularly rapid operator, I have succeeded in removing successfully both of the ovaries and their tubes in twenty minutes from the commencement of my incision until it was closed by the tying of the last suture. Silk is used for tying pedicles cat-gut for blood vessels. These few cases are given to illustrate abdominal surgery' happening in the practice of a general surgeon, other than which I do not claim to be, although, according to my best information, the total number of my abdominal sections to date is about double that of any other operator in Nebraska, yet they are so few when compared with those of our well-known specialists in the East that they are scarcely worth consideration. Still, from my limited experience and a liberal clinical observation and acquaintance with the published work of others, the standpoint from which most of us must view these cases, the following rules seem common sense: 1. Never operate upon a practically moribund patient, whose disease is chronic. 2. The same rule applies to all acute diseases or injury except where hemorrhage is the depressing or suspectedly depressing cause. 3. Never hesitate to operate upon otherwise hopeless cases, if experience has proven success to have followed interference, even if in only a very small percentage. 4. Use all

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the principles of modern antiseptic surgery *before* opening the abdomen, those of aseptic surgery *afterwards*. 5. Drain only after irrigation, evacuate the tube frequently and remove it early. 6. No nourishment by the mouth for twenty-four hours, giving hot water in small quantities to allay thirst. 7. Peritonitis should be treated by large doses of calomel and copious turpentine enemas. In intestinal lesions, splinting the bowel by opium may be the proper practice. 8. Use whatever technique is simplest and easiest, thereby diminishing shock and lessening the dangers of an always possible infection.

Feeding in Acute Diseases.

By J. F. WHITE, M. D., Council Bluffs, Iowa.

Read before the Medical Society of Missouri Valley, Omaha, Neb., March 20, 1891.

One of the most important questions to be considered in the successful management of any disease is that of proper feeding. This implies the time to feed as well as the nature and character of the food administered. In chronic diseases the time to feed is pretty generally conceded to be all the time, hence the few remarks offered will be confined to feeding in acute diseases.

At our first visit one of the first items of information with which we are favored is that the patient has no appetite and has not eaten anything for some time longer or shorter. This fact is usually a source of very great anxiety to the patient's friends (fortunately the patient himself is scarcely ever concerned about the matter) and they and the laity in general are very much disposed to judge of the gravity of a disease accoording to the ability or inability of the patient to eat. It is difficult to convince the friends, especially those in attendance, that the demand for food, in the early stages of disease is, fortunately, very limited, and that they should not urge food at that time. They should be further assured, that the mere loss of appetite, of itself, is no cause for anxiety or alarm on their part or on the part of the physician. I have, however, seen physicians whose anxiety seemed to be on a par with that of the friends, judging from the manner in which food was urged and forced upon their patients regardless of any desire, the condition of the patient or as to whether food if taken, would be properly digested and assimilated. We assume then that in acute diseases the question of feeding should be regarded as one of secondary rather than of primary importance. Nourishment poured into the stomach of a patient with a raging fever or a violent inflammation where the temperature is necessarily high, cannot be of any possible good even though it should fail to do harm. An irritable stomach is only rendered more irritable by attempts at nourishment while it is in that condition. The fear that the patient will become speedily and fatally exhausted by the withholding of food is certainly largely imaginary and not founded upon correct and accurate observation, and, were it otherwise, the system is not sustained by crowding the stomach with food when the powers of digestion and assimilation are very greatly impaired if not in complete abeyance.

Generally speaking the time to feed will be after the crisis shall have been past, when nature, the conservator of the vital forces, shall give notice through the

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great sympathetic that she is in need of a stimulus in the shape of food. If the crisis is but barely or not at all perceptible, and there is any doubt as to the proper time to insist upon nourishment being taken, the same rule will apply as laid down by Flint for the administration of alcohol in typhoid fever which is: "That when the pulse is rapid and becoming more and more feeble give alcohol in small quantity, and if the pulse becomes fuller and less frequent to steadily push the stimulus, otherwise to withhold it." The pushing of nourishment when the condition of the patient becomes less and less satisfactory after each administration is no less reprehensible, it seems to me than the pushing of a stimulant. The form of nourishment best suited for the patient is the next important question to decide, and here the ingenuity of both physician and cook is frequently taxed to its utmost limit with, perhaps, failure as a not uncommon reward for their endeavors. I am zealously opposed to forcing a patient to take any preparation of food for which he has no desire whatever, or perhaps on the other hand an utter disgust, the very thought of which produces loathing and nausea. The form of the nourishment can, as a rule, be very safely left to the patient himself. Thirst is never manifest unless the system is in need of a fluid, neither is there a desire or craving for some special article of food unless its constituent elements are in a subnormal condition in the system.

In conclusion I would say, do not feed in acute cases until the crisis has past, wait at least until the first violence of the disease has subsided. Feed whatever the patient has the greatest desire or craving for no matter what it is. Nature may in many instances, manifest inordinate desires when considered from a scientific point of view, but she rarely ever errs in making known her wants, and the wise physician is he who heeds these demands guided by a knowledge of the pathological conditions in each case, and the exercise of that practical common sense so necessary in the successful management of disease in any form, acute or chronic.

Transmission of Tuberculosis by Milk. Dauz, of Copenhagen, who was one of the first to point out the possibility of the transmission of tuberculosis by milk, has made a new series of experiments upon the subject. Forty guinea-pigs had two to three centimeters of milk injected into the peritoneal cavity. The milk was obtained from twenty-one cows, manifestly tubercular, which had been consigned to the slaughter-houses in Copenhagen. The viscera, and particularly the teats, were carefully examined after the death of the animal. In four cases the milk proved to be virulent; thrice the beasts showed tubercular lesions more or less marked. Once the cow was attacked with visceral tuberculosis very advanced, and the breasts indicated a cicatricial contraction of an uncertain origin, which, however, did not appear to be tubercular. In one case the mammary tuberculosis was reduced to two nodules of the size of a pea; one only of the animals inoculated contracted tuberculosis. The following deductions may be drawn from the experiments; namely, that the milk is only virulent in cases where tuberculosis manifestly exists in the beast; that these lesions are far from being exceptional, but that they are often so ill-defined as to render their detection a matter of difficulty during life. —*Boston M. & S. Journal.*

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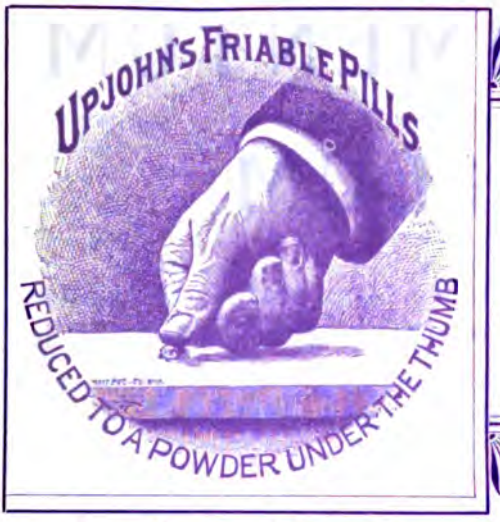

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The Friable condition which is demonstrated by the method shown in the accompanying cut is simply an indication of the physical condition of the drug contained within the pill coating. It indicates that the contained drugs are in a porous state, each particle of powder being separate from its fellow and surrounded by an interval space, which invites the entrance of the digestive juices as soon as the shell of soluble coating is penetrated.

The digestive juices thus permeating the entire pill, exert their solvent action upon each particle of drug, from center to circumference, which soon results in the entire disintegration of the pill, and insures the rapid solution and assimilation of the remaining undissolved powder. This is beautifully illustrated by dropping one of our Potassium Permangate Pills into a test tube of water, and watching results.

We select this pill for the test because of the free solubility of the contained drug, and the characteristic color of the potassium permanganate solution. We could not, however, expect the same results for a pill containing insoluble material if we should submit it to the same test, even though the physical condition should be the same. We do not claim in any way to alter the inherent properties of drugs as to solubility, but we aim to put them into pill form in proper physical condition to insure prompt permeation of the entire pill by the digestive juices, thus securing rapid disintegration and assimilation.

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SEE NEW OFFER—Page 75.

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DEPARTMENTS

GENERAL MEDICINE

The Treatment of Exophthalmic Goitre.—Dr. E. D. Ferguson mentions (*Journal American Medical Association*) the disappointing results of treatment of this trouble under the methods generally in use, and the favorable termination of several cases recently treated by the administration of strophanthus. His first patient was a woman aged 55, with notable exophthalmos, enlargement of the thyroid body, and a pulse varying from 110 to 120. She became worse under tonics, aconite, belladona, electricity, digitalis, etc. Believing that one of the conditions of the disease was increased arterial tension, and that digitalis increased it still more, he tried strophantus, which is said to lessen resistance in the systemic circulation. Relief was soon manifest. The strophantus was continued, with tonics, for six months, when the pulse was reduced to 80, and the patient was comfortable. Eight cases had been treated by the author, in all but one of which recovery had resulted. The initial dose was from 8 to 10 drops, three times daily, and was increased, if necessary to reduce the frequency of the pulse, to 15, 20, or even 25 drops.

Is Narcotism Drunkenness?—In a recent case before the Supreme Court of Illinois the question was, whether the excessive use of morphine was a ground for divorce. It is a well known fact that the Illinois statues are not strict in the matter of divorce. Since 1827, habitual drunkenness for two years has been considered a sufficient cause for divorce. In the case in question it could not be proved that the defendent ever used intoxicating liquors to excess, but evidence was offered and received to the effect that for several years he had been in the habit of using hypodermic injections of morphine. It was also shown that the effects of morphine thus administered were very similar, and in some repsects apparently identical with those produced by excessive use of intoxicating liquors. The complainant based her hopes of obtaining a divorce upon this similarity in the effects of morphine and alcohol, but the appellate court decided, after consulting the dictionaries, that she could not get any relief from her conjugal troubles. Drunkenness, or "inebriety, inebration, intoxication, are words expressive of that state or condition which inevitably follows from taking into the body by swallowing or drinking excessive quantities of liquors." As hypodermic injections were not known in 1827 when the statute was passed, the Court said the legislature could not possibly have had in mind the use of morphine, though it was not mentioned.—*Times and Reg.*

Good Ponts for Students and Doctors.—Dr. W. H. Steele, in *Items of Interest*, says: Our colleges will turn out an unusually large number of graduates in the spring, who undoubtedly expect to locate in some Canaan of promise and build up a practice. It shows push and pluck for a young man to strike out for himself, much more so than to buy out a practice or partnership. We all, who have tried it, know it requires many things besides a sheep skin to successfully conduct a practice. I will give a few points, many of which I have learned from sad experience, so that others may profit by my errors and losses. Don't neglect your business. Don't misrepresent anything to get business. Don't try to econo-

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mize by using cheap material or poor instruments. Don't make any promises, either financial or professional, that you cannot fulfill. Don't lock your office during office hours to go off on a frolic, or to attend to any side show, or for any other purpose that can be avoided. Don't try to tear down a competitor's reputation on which to build your own; it makes a rotten foundation. Don't forget that the poor have feelings, as well as the rich, and are just as deserving of respect and your best services. Don't be cross to the little ones; some day they will be men and women, and they will remember you for good or for bad. Don't fail to take several good journals, and to keep yourself posted on all new instruments and improvements. Don't buy a bill of goods because they are cheap or you can get time on them. Do a cash business, and be a cash customer to every one. It will wonderfully enhance your reputation in the community. Don't repeat some slanderous story that may have been told you by talkative patients while operating for them. Don't let a "good enough job" go out of your office; do your very best every time for every patient. By this means you will improve your work, improve your patronage, and improve your bank account. Don't fail to be prompt in collecting and paying your bills, if from any cause you feel obliged to give or receive credit. By so doing you will gain and keep the confidence of all. Don't use tobacco in any form; it is certainly of no benefit to you, and, to say the least, will work you harm physically, morally and financially. Don't use intoxicating liquors, for intemperance is the rock on which many a good practice has been stranded, and any indulgence leads to excess. Don't forget there will come a time when your eyes will grow dim, and your hands lose its cunning. It is when you are young, healthy, and prosperous that you should lay aside something to fall back on in sickness and old age, and when you will be glad to be able to reflect that you are leaving a busy, bustling world better for the part you have played in it. A serene, satisfied old age, well provided for, must be delightful.—*Dixie Doctor*

Politzerization. Dr. H. MacNaughton Jones gives the following hints as to Politzer's method of treatment. 1. Let the patient be seated—at times patients become slightly giddy on inflation of the tympanum. Make the patient swallow some sips of water in rapid succession, or pronounce, through the nose, the vowel "o" a few times—this assists in opening the Eustachian tube, and is a form of "gymnastics" of the palatal muscles. 3. Incline the head to either side—inflate through the nostril opposite to the side to which the head is inclined. 4. Direct the current horizontally. Experimentally ascertain whether any form of nasal phonation or the act of deglutition best dilates the aperture of the Eustachian tube. Adopt this method with the individual case. 6. After politzerization make the patient again swallow several sips of water. 7. With children, phonation is the best act to take advantage of; we can, as a rule, inflate when the child cries; with the auto-inflating bag there is seldom any difficulty—children quickly learn to inflate the middle ear. Finally, let me enumerate the conditions in which the method of Politzer will be found of the greatest assistance in treatment. 1. In temporary collapse or closure of the Eustachian tube from catarrh of the naso-pharynx. 2. In collapse of the Eustachian tube from enervated states of the tubal muscles. 3. In chronic catarrhal conditions of the naso-pharynx and attendant chronic catarrhal conditions of the

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tympanum. 4. After intra-tympanic alkaline injections or douchings of the Eustachian tube. 5. After the use of the Eustachian catheter or bougie. 6. In chronic perforation of the membrana tympani, after cleansing of the middle ear, and before applying an artificial membrane. 7. After removal of impacted cerumen. 8. For cases of tinnitis dependent upon abnormal states of the middle ear. 9. For similar cases attended by vertigo. 10. For temporary deafness which attends on sea-bathing or diving. 11. In cases of deafness dependent upon obstructed nasal respiration. 12. In collapse of the membrana tympani. 13. In those cases of "progressive deafness" in which there is some degree of fixation or rigidity of the ossicles. *Medical Press.*

The Tetanus Poison. In our interest over the pathological work done by Koch and his German colleagues, the labors of the French bacteriologists are a little neglected. It should be remembered that if Koch is to be regarded in anywise as the father of bacteriology, Pasteur is the grandfather, and he and his pupils have done work which is historic in this field. The *Annales de l'Institut Pasteur* is the medium by which this work is put before the world, and its issues rarely fail to contain the results of important observations. Recently Drs. Vaillard and Vincent have published a paper upon the etiology and bacteriology of tetanus, which deserves attention. They describe, again, the specific organism of tetanus, and show that it is not this organism but a poison that it secretes which causes the phenomena of the disease. The poison in question only develops after the bacillus has grown for some time and reached the stage of spores; yet it is not the spores themselves that are poisonous. They further show that the poison is not a ptomaine, or any substance which has the characters of an alkaloid or base. The experiments made by Vaillard and Vincent confirm the fact that the tetanus bacillus cannot grow in the human body without the presence of another micro-organism; in this respect resembling diphtheria. The disease is therefore, in a sense, one of mixed infection. Such studies bring us nearer every day to the actual cause of infective disease, and with such knowledge a means of prevention or cure is only a question of time.—*Ed. Med. Record.*

GENERAL SURGERY.

Broken Needles Left in Wounds.—Referring to the necessity of having needles tempered so as to bend before breaking, when operating upon the cervix, and a suit for $10,000 damages against a skillful surgeon who had accidentally left a piece of broken needle in the perineum, Dr. William Goodell said, at a recent clinic: "I have more than once left at least half of a needle in the cervix, and at another time, fully an inch of a large needle in the perineum. These patients are perfectly well and to this day do not know that they are carrying portions of surgical instruments in their bodies. I also recall the fact that many hysterical girls have with impunity converted themselves into human pin cushions, by swallowing innumerable needles, which have travelled all over the body, and been extracted at places very remote from the stomach. I presume there is not a surgeon who has not broken needles and left a fragment in his patient's body, without the slightest mischief occurring. When one can tie, as many have, the pedicle of an ovarian or

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uterine tumor with iron or silver wire, and drop it into the abdominal cavity to remain there until doomsday, or when we get broken bones to knit by uniting them with strong iron wire, or when one can leave for weeks, as I have done in chronic peritonitis, a glass drainage in the highly sensitive and vulnerable abdominal cavity, surely a needle in the cervix, or one in the perineum can do no more harm than an earring."—*Jour. Amer. Med. Assn.*

Upon the Treatment of Ecoptic Testicle.—L. G. Richolet (Bull. et Mem. de la Soc. de Chir. de Paris, t. xvi., p. 274). In all cases in which the non-descent of the testicle is complicated with congenital hernia, the radical operation for the cure of the latter is indicated. In those cases uncomplicated by the above, R., chooses the period of puberty as the most favorable, places the testicle in the scrotum. He breaks up all adhesions which fix the organ in its pathological position, separates the fibres of the cremaster, forms a cavity in the scrotum, in which he buries the testicle. The spermatic cord is fixed to the walls of the inguinal canal by means of sutures, which are so placed as to only include the superficial investments of the latter; the vas deferens and spermatic artery are left intact. Reliance cannot be placed upon sutures in the organ itself and designed to hold it in position, for the reason that the scrotum soon becomes inverted and invaginated, the testicle returning to its former position. Castration is rarely necessary.—*Brooklyn Medical Journal.*

MATERIA-MEDICA.

Chloralamid (Schering).—Much depends upon the proper administration of the new hypnotic, Chloralamid, to obtain the full effect and satisfactory and beneficial results. The dose is from 15 to 60 grains, with an average dose of 30 grains. Chloralamid is soluble in about 20 parts of cold water, and in 1½ parts of alcohol. Never dissolve or dispense Chloralamid in hot water or warm solutions, as the heated preparation decomposes. The best modes of administration are: 1. In a teaspoonful of whisky or brandy. 2. In properly proportioned solutions with wine, spirits, or spirituous compounds. 3. In a small cup of cold water or cold tea. 4. In powder form, in wafers, or cachets, washed down with cold water. The following formulas have come well recommended and bear the stamp of general approval and adoption: Dr. W. Hale White (in *British Medical Journal*) says: "I always prescribe it with spirit; 10 grains will dissolve in one drachm of rectified spirit in fifteen minutes, and water may be added to this solution without reprecipitating the drug. A good way of giving is to tell the patient to dissolve it in a little brandy, add water to his liking, and drink it shortly before going to bed." From an editorial in the *Medical Summary*, Philadelphia, we quote: ℞ Chloralamid, 4 drachms; spts. vini gallici, 2 ounces; curacao, 2 ounces. M. A tablespoonful (30 grains chloralamid) in water, and repeated in four hours if necessary. Dr. John Aulde suggests: ℞ Chloralamid, 4 drachms; spts. frumenti, 3 ounces; elix. aurantii, sufficient to make 4 ounces. M. Take one tablespoonful (30 grains chloralamid) in water. Another popular prescription, extensively used in New York, is this: ℞ Chloralamid, 4 drachms; tinct. cardamom. comp., 2 ounces; elixir simplex, 2 ounces. M. take a tablespoonful as a dose. Chloralamid is a decided hypnotic and not a nar-

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cotic, that its action is uniform, reliable and free from disturbing secondary manifestations. Sometimes when very large doses are employed slight nausea, headache and giddiness are produced, but these are mild and transient. Further the remedy does not interfere with digestion or affect the kidneys. A dose of thirty grains in the evening or 45 to 60 grains in the day is sufficient to produce the desired effect; the remedy appears to be specially indicated in the treatment of sleeplessness caused by or dependent upon nervous condition or affections. As confirmatory of the conclusions of Genersich those of Dr. P. Nœcke, may be cited. He sums up the indications for the use of chloralamid as follows. 1. Chloralamid in doses of 15 to 45 grains is a very good and harmless hypnotic for women with chronic mental disease and for epileptics. 2. It produces excellent effect, not merely in nervous conditions but also in excitement. 3. In a few cases it has a sedative influence when given at mid-day in doses of 15 to 30 grains. 4. It is best given shortly before the usual time for sleeping. 5. Its effect is more slowly produced and possibly more reliable than that of chloral, at any rate it is less dangerous; chloralamid induces a lighter but a more refreshing sleep than chloral. The application of the remedy does not appear to extend to the sleeplessness produced by pain. These results are, however, the more striking as experiments by the same author with hyoscine and amylene hydrate showed that the former is useless, while the latter sometimes produces great depression and when given in epilepsy may increase the number of attacks.

Points to be Remembered in Prescribing Iron.—That it has never been proved that salts of iron are absorbed in the intestinal canal.

That there is considerable evidence to the contrary.

That however minute the dose of iron administered the stools are invariably blackened by reduction of the salt of iron to the state of sulphide which is insoluble in the alkaline or neutral intestinal juices.

That there is a very general opinion in favor of the old fashioned perchloride of iron tincture, in chloro anemia, and other cases where iron is indicated.

That this opinion is undoubtedly a correct one proved by long experience, and that no other inorganic preparation of iron gives better results where tolerated.

That the effect of tincture of perchloride of iron is *not* proved to depend on the iron at all, and that it is probably due chiefly to the mineral acids, which are always present in tincture, or solution of perchloride of iron.

That a neutral solution of perchloride of iron is not permanent, and cannot be used in pharmacy.

That the neural proto or perchloride, carbonate, sulphate, phosphate, and all other salts of iron, not excepting the so-called albuminates, peptonates, and dialyzed preparations of iron, cannot be relied on alone to give as good results as the perchloride, and that there is strong evidence indicating that the real action of perchloride of iron solution, is due to the presence of nitro muriatic acid, whose action on the nervous system, the digestion, and the simulated functions, is undeniable, and which, where there is atony of the intestinal canal, certainly assist the absorption of the Ferruginous elements of our food.

That Sir Andrew Clarke has long held that constipation, when complicated

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with anemia, is due to the decomposition of food, (and with it the iron compounds) with absorption of ptomaines, which produce a continous toxic effect, and enfeeble the red blood corpuscles, besides depriving them of their natural source of iron, which is necessary to maintain their normal oxygen bearing power.

That the truly scientific treatment of chloro-anemia, while largely dependent on proper hygienic conditions of life, may be very considerably improved with nitro muriatic acid, or muriatic acid alone, and tincture of Nux Vomica.

That if iron be administered at all, all the salts of iron should be rigorously avoided, as they are liable to produce constipation, and intensify the anemia, rather than do good, besides blackening the teeth, and frequently disagreeing with the patients.

That hemoglobine (Ferrum Sanguinis) fulfils this condition, and that this does not blacken the stools, and is one of the most prominent ferruginous elements of our food in a very concentrated form.

That Ferrum Sanguinis is a dry semicrystalline powder, isolated from bullocks blood, thus is soluble in water, but is best dispensed in small spherical capsules (Chapoteaut) of 20 centigrammes each, which is equivalent to one milligramme of metallic iron.

F. S. MASON.

Liquor Sedans—Physicians who have given special thought or study to the subject maintain that the conditions of modern life foster uterine and ovarian disorders, and the result is gynæcologists flourish, and medicaments addressed to regulating these disordered functions are in great demand. While many uterine and ovarian troubles can be remedied only by mechanical means or surgical procedures, perhaps the majority are not sufficiently grave to require operative treatment. Among these latter may be classed many cases of dysmenorrhœa and ovarian hyperæsthesia for the relief of which patients resort periodically to alcohol, the narcotics or some of the much vaunted nostrums in the market. A careful study of medical literature for the past few years and the great importance ascribed by many medical writers, teachers and practitioners to Black Haw (Viburnum Prunifolium) in regulating uterine function; the specific action of Golden-seal (Hydrastis Canadensis) in the catarrhs accompanying uterine irregularity, and the well known anodyne and sedative value of Jamaica Dogwood (Piscidia Erythrina) and its freedom from the distressing after affects of opium preparations, suggested to Parke, Davis & Co., the propriety of offering a palatable combination of these three remedies, under the name of Liquor Sedans. It will be found a most convenient and serviceable combination for a very large class of dysmenorrhœa, ovarian irritability and irregularity of the utero-ovarian functions. Each fluid ounce contains, Black Haw, 60 grains; Golden-seal (represented by its chief alkaloidal constituent) 60 grains; Jamaica Dogwood, 30 grains; combined with aromatics.

SAMPLES of Sander & Son's Eucalypi Extract (Eucalyptol) gratis through Dr. Sander, Dillon, Iowa. Eucalyptol proper stands foremost as disinfectant and antiseptic. Meyer Bros.' Drug Co., St. Louis, Mo., sole agents. Look for the genuine product.

MISSOURI State Medical Society meets at Excelsior Springs May 19, 20 and 21. Don't fail to attend.

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Somnal in Insomnia—Any means to combat insomnia aside from the use of that deadly drug, morphine, is most welcome, not only to the doctor; but to the restless mortal tossing about on his sleepless pillow. And this picture is not overdrawn, as we can testfy from our sorely tried experiences. The following case recently occurring in my practice, will illustrate both the actuality of the unrest, and the efficacy of a new drug, of which, as yet, but little clinical information has been written.

Mr. C., a manufacturer, has consulted me time after time on account of persistent insomnia, brought on by too close attention to business; and not only that, but to show what strain was brought to bear upon a brain, not ordinarily made for such hardships; at times when the wheels of his factory were running at their fullest capacity, and products were being turned out to supply enormous demands; he was compelled suddenly, without a moment's warning, to close his doors on account of the work of the incendiary. Not once only, but four times did this calamity come upon him, and the last time, when the acme of his business enterprise had been reached. Indeed, the last blow was all but fatal to the gentleman's earthly existance; not that the effects of the shock were immediate, for he bravely, but barely nerved himself against a threatened insanity—and once more was started in a channel of industry. It was some months after this occurrence that I was consulted by him on account of a feeling of nausea and headache, which at first I attributed to a bilious attack, but from the persistency of the headache, which increased to the most violent and excrutiating pain imaginable, I saw that I had a case of more serious nature to deal with.

I was afraid it might terminate in cerebral meningitis, but it did not prove to be of an inflammatory nature, as there was no rise in temperature. Nothing that I tried gave the least relief, until an hypodermic of morphia, gr. ¼, was given. This succeeded in alleviating the pain. After two weeks illness he was able to go out of doors, and again gradually to attend to his business. It was after this illness, during the fall, that he complained especially of insomnia. He had suffered from it more or less for a number of years and had taken all the powerful medicines usually prescribed, and some of them not prescribed, without effect or only temporary. He had taken bromide of potash, bromides of potash and soda, chloral, bromidia, sulfonal, and even in his desperation had poured chloroform upon a handkerchief, placed it on his pillow, and breathed himself into insensibility. Morphia and its kindred preparations he had avoided; he had never become accustomed to use them. . . Finally, a *new hypnotic* appeared in the zenith of pharmacy and was brought to my notice by the clinical data furnished by Dr. Frank Woodbury, of Philadelphia.

This new hypnotic was *Somnal*, a combination of "Chloral, Alcohol and Urethane," but not a simple mixture of these bodies.

Accordingly, after exhausting the previous materia medica on my patient with no benefit, Somnal was prescribed, my original prescription being:

℞ Somnal 3ij
Syr. Zingiberis, q. s. ad..... .....3ij.
M. Sig., teaspoonful in a glass of milk, at bedtime; to be repeated in two hours if not asleep.

Mr. C. took this according to directions, and I was gratified to learn from him

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some days after, that it afforded him restful sleep, but not, however, for the entire night. It would cause him to sleep exactly five hours, when he would awaken, and then take another spoonful and sleep another five hours. No unpleasant after-effects were noticed in the morning, either of the head or stomach. Three times he had the prescription renewed, and upon one occasion, finding himself without any of the medicine in the house and not being able to sleep, he sent for me in the night to give him an hypodermic of morphine. But instead of this, having an ounce bottle of Somnal in the office, I took it along with me and persuaded him to try it; and giving him 40 drops in a tumbler half full of milk, for Somnal is pungent and requires dilution, he slept *fourteen* hours. He had been several nights without sleep, and after sleeping this length of time he awakened refreshed, although he said that his head felt somewhat full or heavy during the forenoon. Somnal was the last hypnotic which he has taken in two months, and at present he requires no medicine to make him sleep.

The effects of Somnal upon the system, as noticed by Drs. Frank Woodbury and Ernst Laplace at the Philadelphia Hospital were as follows: (I quote from a little pamphlet sent me by Messrs Eisner & Mendelson, of New York.):

"*Physiological Effects.*—In its action Somnal resembles chloral in quickness of effect and naturalness of sleep produced. No marked depressing influence was exerted upon the pulse or respiraton rate, though it was noticed that the breathing became slower and fuller as in natural repose. No disagreeable after-effects The head was clear and the stomach was unaffected; the patients generally had an appetite for breakfast. The kidneys acted rather more freely than usual. My colleague, Dr. Ernst Laplace, to whom I gave some of the drug for trial at the Philadelphia Hospital, writes as follows:

"I have given Somnal a fair trial upon six patients at the Philadelphia Hospital. In no case were the patients told what was given them, so outside of the bar possibility of the patients' falling asleep through natural causes somnolence was brought on by the drug. It was administered in a solution of tinct. Zingiberis, in half-teaspoonful doses, and was found palatable.

"Administered at 4 P. M., at a moment when patients were not generally asleep, in four cases sleep came on within half an hour, which lasted from five to eight hours; the two other cases showing no effect from the drug. It is their habit to get at least gr. ¼ of morphine sulph to put them asleep every night, as they are sufferers from intractable malignant growth.

"In no case was there any noticeable after-effect.

"I have not formed any opinion upon the length of time that the drug could be used daily upon the same patient.

"To this I might add that no depression of the normal temperature was noticed in any case, in my hands, and thus far I have not used it in pyrexia.

"*Therapeutic Application.*—The effects of Somnal in producing natural sleep suggested its use in insomnia. The first case in which I used it was in a patient suffering with acute alcoholism, who had been under treatment for a fort night in an institution where he had a free supply of liquor, and he came out rather worse than he went in. He was 39 years of age, very tremulous, and could not sleep, or if he dozed off would immediately waken up. I gave him, at about 3 P. M., thirty

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minims of Somnal, (or rather a drachm of a mixture of equal parts of Somnal and whiskey), well diluted, and went into an adjoining room to speak to an attendant. Upon my return I was surprised to find him fast asleep, although I had not been away from him more than fifteen minutes. He slept for four hours, and then was able to take something to eat. At 10 o'clock he had another dose and he slept until 7 the next morning, having woke up once only during the night, and insisted upon having another dose, and immediately after taking it fell asleep again. The next night he was given a double dose at 10 P. M., and he slept all night without awakening. No bad effects were observed.

By comparing this case with my own, it will be seen that the effect of the drug was quite identical. In Mr. C.'s case 10 minims would cause sleep for *five hours*, and this would recur whenever the dose was repeated. In four of the cases mentioned by Dr. Laplace half-teaspoonful doses brought on sleep within half an hour, which lasted from five to eight hours. In Dr. Woodbury's case a teaspoonful caused the patient to sleep all night, without any unpleasant after-effects being experienced.

In my patient's case, 20 minims produced sleep for 14 hours, and there was a feeling of fullness and unsteadiness in the head the next morning, but this passed off, and he was better for having slept so long. He told me, yesterday, that when he was taking the medicine every night, he would have to increase the dose on succeeding nights to produce the same effect. But only 40 drops were sufficient to cause 14 hours sleep, and this was not a large dose when compared with a half-teaspoonful, or teaspoonful, as had been given in the Philadelphia Hospital, with no bad effects.

I quote the following cases reported to me by Dr. W, C. Wile, of Danbury.

Miss A., a pale anæmic girl of sixteen, has been in trouble with insomnia for several months; would go to bed every night about ten o'clock, and read for an hour when she would go to sleep; but sleep lightly, with bad dreams, and only for an hour or two, when she would awaken with a start as if from some horrible nightmare. She could not get to sleep after this, but would toss about until time for rising, about 7 A. M. When she finally got up, she would feel great weakness and desire to sleep; but when the fickle goddess was wooed, she would not respond. Ale and Beef combined with Bovinine and Royal Tokay Wine (Calvico) were administered freely, and a pill of phosphorus co. given three times a day. On retiring at night, a full dose, 15 drops, of somnal was given, with most happy effect; she slept inside of a half hour after taking the dose and continued to sleep until morning This treatment was carried on for a month with the gratifying result of a complete restoration to health. The dose of Somnal did not have to be increased, and after the first week, it was only given every other night, the third week only every three nights, and the fourth week taken only once.

J. B., a machinist, aged thirty-seven, engaged in perfecting some invention in which he was interested, consulted me on account of his inability to sleep more than two hours a night. He would go to bed about 9.30 P. M., utterly worn out with his days work, aud go to sleep at once; in about two hours he would become partly conscious, and in a little while wholly so, when his thoughts would revert to his work and he could not get to sleep again until morning. A dose of somnal, 15 drops, given every night for two weeks, completely cured him of the habit.

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"Dr. Guttman, Surg. Director of the City Hospital Moabit, in Berlin, states that he has applied Somnal in sixty to seventy cases at the hospital. Doses of 2 grammes, 30 minims, have produced a quiet, refreshing sleep, lasting from six to eight hours, without any unpleasant symptoms following its use.

The British Medical Journal says: *Somnal,* when given in doses of half a teaspoonful, will produce sleep in thirty minutes. The sleep is described as sound and natural, lasting from six to eight hours, and followed by no unpleasant effects.

Somnal *does not disturb the digestion,* has no influence over the pulse or temperature, and, in fact, has the excellent qualities of both chloral and urethane without their disadvantages.

Dr. Kny, of Strassburg, prefers *Somnal* to *Sulfonal*, and claims that it produces *deep sleep* with in half an hour after its administration, and that it has but little influence on the heart's action. Dr. J. S. Ridge, of Kingston, R. I., states that he has used Somnal on three cases of insomnia, in middle-aged and quite old ladies, with beautiful results, having used Sulfonal, Bromidia, and Chloralamid with little or no result. He gave a lady, eighty years old, suffering from insomnia, 3 grammes of Somnal, at bedtime, in a little Syrup of Raspberry, with splendid effect, she getting, so the nurse says, six hours sound sleep. This is the best soporific he has used yet."

Dr.Gilman Thompson, Professor of Physiology in the New York Medical College, and Visiting Physician to the New York and Presbyterian Hospitals, has performed some very interesting experiments with Somnal upon the cat and dog. "Into the rectum of a cat were injected five cubic centimeters of Somnal; into a black and-tan dog, weighing nine pounds and a half, were injected hypodermically 25 minims, and to a large bull-dog weighing twenty-three pounds and a half, thirty minims of Somnal were given by hypodermic injection. In all of them in a general way, the following phenomena occured: There was no local irritation; in point of time, varying from a minute and a half to twenty five minutes after the injections were made, the pupils were dilated and the conjunctivæ congestive. There was temporary increase of arterial blood-pressure in the dog; vertigo and muscular tremor. In from fifteen minutes to half an hour the phenomena ceased, and sleep came on, which was allowed to continne for an hour and a half, when they were awakened and found to be in a normal condition.

These experiments show that:

I. The ordinary dose of Somnal (thirty minims for man) may be given by hypodermic injection to dogs without other effect than drowsiness and slight vertigo and muscular tremor.

II. A dose of one fluid drachm and a half failed to effect a cat except in the same manner as the dogs.

III. A fatal dose of half a fluid ounce stopped the respiration before the heart and caused congestion of all the abdominal viscera.

IV. The blood pressure in the arteries of a dog is temporarily increased by Somnal, soon returning to the normal."

Summing up, it will be seen from these testimonials that the dose of Somnal given by different practitioners, differs quite largely. One will obtain sleep in a half hour with fifteen drops, which will last until morning, or all night,; another will give ten minims and cause sleep for five hours; another will administer a half teaspoonful, or thirty minims and produce sleep in fifteen minutes, which will last for four hours; another finds that half teaspoonful doses, i. e. thirty minims, will produce sleep for from five to eight hours; and another will obtain sleep for six hours, from having taken three grammes, or forty-five minims.

These differences in results are only such as obtain in administering many drugs. It depends upon the peculiarity of the patient, the age, temperament, idiosyncrasy, nature of disease, and susceptibility to drug action. Tehse must be taken into account in administering this, as other drugs.—*Geo. H. Pierce, A. B., M. D., in New Eng. Med. Monthly.*

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THE MEDICAL HERALD.

A MONTHLY JOURNAL OF THE MEDICAL SCIENCES.

DANIEL MORTON, M. D., Editor.

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Address all matter intended for publication to the editor.

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EDITORIAL

Valedictory.

WITH this issue of the MEDICAL HERALD I cease to be its Editor. The journal will henceforth be edited by Dr. Hiram Christopher, Professor of Chemistry in the Ensworth Medical College, who has had an extensive experience in the journalistic field and whose qualifications for the position need no endorsement from me. I bespeak for him the hearty co-operation of the friends of the HERALD. To the contributors of the journal and to all who have in any way assisted me in my editorial work I extend my sincere thanks.

DANIEL MORTON.

Corporation Surgeons and the General Practitioner.

MEDICAL ethics have caused a great amount of jealousy, hard feeling, enmity and strife between practicing physicians, since it is rare that two men have the same ideas of justice and propriety. The corporation surgeon and the general practitioner are particularly prone to clash arms in an ethical combat. Within the whole range of this vexatious subject there is no point which offers better opportunity for the display of rightness and probity of character on one hand or unfairnes and an overbearing disposition on the other. Who shall attend a patient injured by a corporation, be it a railroad company, manufacturing company, street car company, or a company of any description? Shall the salaried surgeon of the corporation or the general practitioner who is called assume control? Should the injured person be an employee, the company claim the right of furnishing him medical attendance, and the company surgeon usually demands a surrender of the patient at the hands of the physician who earns his bread by private practice. If not an employee the company want their surgeon to attend the wounded and use every endeavor to achieve this end in order that their interests may not suffer should a suit follow, and when the inducement of free medical service is held out to a patient

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he usually falls into the snare. What is the result? Our private practitioner returns to his office, defeated and dejected, labor and time spent, no hope of reward, wondering in his mind where his business and his bread is to come from if companies will continue to employ company surgeons. The patient as an American citizen of course has the right to select his own attendant, and beyond this decision there is no appeal, but in many instances this cannot be done, for a person dying of hemorrhage, or suffering acute pain, or in a state of collapse, is in no condition to make a decision. The evil of this matter lies in the element of "contract practice" that is mixed with the whole subject. Contract practice of any sort is bad for the profession at large but in many cases a good thing for the individual doctor who secures the practice of the corporation. It seems to be a necessary evil that is an outgrowth of our civilization, but is none the less objectionable by reason of this fact. The physician of to-day to succeed must adopt different business tactics from those that were in vogue fifty years ago. That this statement is true is evidenced by the ever increasing number of "new code" men and the greater liberality of those who still cling to the old order of things.

South Kansas Medical Society.

THE SOUTH KANSAS MEDICAL SOCIETY will meet in joint session with the Kansas State Medical Society in Wichita, Kansas, on Wednesday, May 13th, 1891, when the following programme will be presented: 1. Irritable Heart—causes and treatment, Jeffrey Martin, Marion, Kas.; 2. Connective Tissue, J. S. Foot, Wichita Kas.; 3. The Uric Acid Disease—with case, V. E. Lawrence, Halstead, Kas.; 4. Leukæmia—with report of case, O. J. Furst, Peapody, Kas.; 5. Dysmenorrhœa—causes and treatment, J. W. Felty, Abilene, Kas.; 6. Treatment of Malarial Fevers, M. W. Cave, Oatville, Kas. All physicians are cordially invited to be present and enjoy the interesting time that is anticipated.

Medical Association of the State of Missouri.

THE thirty-fourth annual meeting of this society occurs at Excelsior Springs, Mo., on May 19, 20, 21, 1891 (corrected dates). Following is the programme:

FIRST DAY, MORNING SESSION, MAY 19, 10:00 A. M. Organization and preliminary work until 11 a. m. The President's address.

AFTERNOON SESSION, MAY 19. Discussion on Pneumonia, Drs. W. C. Glasgow, St. Louis, C. A. Thompson, Jefferson City, F. A. Simmons, St. Joseph, Mo. Report on Medical Education, Dr. A. W. McAlester, Columbia. Alexander's Operation, Cystitis, Dr. J. M. Richmond, St. Joseph. Report on Progress of Medicine, Dr. P. C. Yates, Neosho, Chairman. Report on Progress of Surgery, Dr. H H. Mudd, St. Louis, Chairman. Some cases of Pelvic Surgery, specimens and photographs, Dr. A. V. L. Brokaw, St. Louis.

EVENING SESSION, MAY 19. Report on Obstetrics, Dr. O. A. Williams, Versailles, Fever Conditions in the Puerperal State, Dr. L. I. Matthews, Carthage. Report on Gynæcology, Dr. C. W. Adams, Kansas City, Chairman. Cancer of the Uterus, Dr. A. L. Fulton, Kansas City. Report on Neurology and Physiology, C. H. Hughes, St. Louis, Chairman. Chorea in the Aged, Dr. Frank R. Fry, St. Louis. Psychology, a Remedy in Disease, Dr. J. K. Cole, Lamar.

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Morning Session, May 20. Report on Respiratory Organs, Dr. J. C. Mulhall, St. Louis, Chairman. Report on State Medicine, Dr. Geo. Homan, St, Louis, Chairman. Report on Bacteriology, L. Bremer, St. Louis, Chairman. Ptomaines, Leucomaines, Tox-Albumose, Toxic-Proteids and Protective Proteids, Dr. P. Paquin, Columbia. Some of the Achievements of the Medical Profession in the United States,Dr. S. J. Jones, Linden.

Afternoon Session, May 20. Special Report on Medical Legislation, Dr. E. A. Donelan, St. Joseph. Discussion on Pelvic Surgery, Drs. Willis P. King, Kansas City, N. B. Carson, St. Louis, Pinckney French, St. Louis. Report on Abdominal Surgery, Dr. F. J. Lutz, St. Louis. Some Cases of Gunshot and Penetrating Stab Wounds of the Abdomen, Dr. H. C. Dalton, St. Louis. Two interesting cases in Abdominal Surgery, Dr. C. E. Erwin, Independence. The Management of Insane Asylums, Dr. R. E. Young, Nevada.

Evening Session, May 20. Report on Pediatrics, Dr. C. L. Hall, Kansas City, Chairman. Report on Ophthalmology and Otology; the use of strong solutions of the Nitrate of Silver in simple chronic Blennorrhœa of the Conjunctiva. Report on Present Status of Electrotherapy in Gynæcology, Dr. G. J. Englemann, St. Louis, Chairman. Report on Anatomy and Physiology, Dr. R. S. Kelso, Joplin, Chairman. Empyema and its (surgical) Treatment, Dr. E. Von Quast, Kansas City.

Morning Session, May 21. Report on Genito-Urinary Surgery, Dr. J. E. Tefft, Springfield, Chairman. Report on Dermatology, Dr. J. H. Duncan, Kansas City, Chairman. The Doctrine of Immunity by Inoculation, Dr. P. Schweitzer, Columbia. Report on Public Sanitation, Dr. J. W. Trader, Sedalia, Chairman.

As these meetings are now held in the most charming spot in the State, we hope to see every city and town represented. Come along, doctor, and bring your wife and children. It will do you all good.

The statement was recently made by a lecturer in London, that the brain varies in aveage weight in different countries, the Scotch being 50 ounces, the English 49, the German 48. 3, the French 47. 9.

A Legal Absurdity. The following is taken from the London Medical Recorder: "A curious case came before the New York City Court last week, with a still more than curious termination. A gentleman discharged a wet-nurse because she went out at nights, and on this and other grounds was not satisfactory to him. The nurse brought suit for breach of contract, and asserted that as long as she supplied the infant with good milk, the father had no right to dismiss her. A pair of healthy looking twins were produced in court as evidence of the superior lactogenetic capacity of the wet-nurse, whatever might be the irregularity of her habits or the delinquencies of her morals. The jury rendered a verdict for the plaintiff, and awarded her the full amount of her salary according to her alleged contract. This may be good law, but it is not good sense, and the decision will certainly discourage the employment of wet-nurses, already a notoriously uncomfortable addition to the family circle. A bottle is much more amenable to reason, and is far less expensive."

Doctor, The Medical Herald for June will contain a full report of the State Medical Meeting, as well as the important papers read. Subscribe at once.

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Herald Parvules

Dr. Kelso of Clyde Mo, has sold his practice, and will locate elsewhere.

Dr. C. R. Woodson, Superintendent of Lunatic Asylum No. 2, attended the meeting of asylum superintendents, at Washington, D. C., in April.

A reference to the "little talk" addressed to "Doctor," on page 1, will reveal the fact that the writer knows what he is talking about, and we would advise our readers to lose no time in bringing about a practical demonstration of the theory advanced.

The Ensworth Medical College is preparing for another successful year, and will endeavor to even surpass the season of '90-'91. Their fifteenth annual catalogue is now ready for press, and they propose issuing an edition of one hundred thousand copies.

Congress of American Physicians and Surgeons.—The meetings of the Congress American Physicians and Surgeons will be held in Washington from 3 to 6 P. M., September 22d, 23d, 24th, and 25th, 1891. William Pepper, Chairman of the Executive Committee.

Dr. Rauch, secretary of the State Board of Health, of Illinois, has issued a call for a meeting of one or more representatives from each of the Medical Licensing Boards in the United States, to be held in Washington, D. C., May 6th. The object of the proposed meeting is to make the rules and examinations of the boards of the several States as nearly uniform as possible. Licensing Boards now control medical practice in twenty-one States.

The Medical Herald is presenting monthly more original matter than any other professional journal in the West or South. Suppose you compare this issue with some of the others. That our efforts to make the Herald the popular reflector of progress in medical science is appreciated, a glance at our subscription books will show. Nebraska, Kansas, New Mexico, Missouri, Colorado, Texas and even Minnesota are represented in the returns since the last issue.

Dr. W. I. Heddens, in the death of a beloved and promising son, was greatly prostrated by grief, from which he suffered so much in the impairment of his health, and this aggravated by an attack of *la grippe*, that he has found it necessary to seek recuperation in a more genial climate. For this purpose he has gone to California and thence expects to run down into Old Mexico whose climate is not surpassed by its fine fruits and rich mines. It is understood that when he returns, he will confine himself to office practice in his specialty of gynecology. Already, we understand, his health has much improved, and this fact gives assurance that he will return fully restored.

Dr. Paul Gibier,—Director of the New York Pasteur Institute, inform us of the results of the preventive inoculation against hydrophobia performed at this Institute during the first year of its existence (February 18, 1890, to February 18, 1891,). 828 persons having been bitten by dogs or cats, came to be treated. These patients may be divided in two categories: 1st. For 643 of these persons it wae demonstrated that the animals which attacked them were not mad. Consequently the patients were sent back after having had their wounds attended, during the proper length of time, when it was necessary. 2d. In 185 cases the anti-hydrophobic treatment was applied, hydrophobia of the animals which inflicted bites having been evidenced clinically, or by the inoculation in the laboratory, and in many cases by the death of some other persons or animals bitten by the same dogs. No death caused by hydrophobia has been reported amoung the persons inoculated. Indigents have been treated free of charge.

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Dr. Bransford Lewis, the Medical Herald special correspondent, sailed for Europe the last of April, and our readers may look for an interesting letter in our next issue.

In several white lead factories in France the workmen are obliged to drink milk freely. By this means it is thought that the absorption of lead is obstructed, and, of course, the danger of lead poisoning greatly obviated. It would be well for painters and others who are accustomed to handle lead compounds to remember this.

Doctor, when you attend the State Medical Meeting at Excelsior Springs, take your wife and children with you, and allow them the pleasure of a few days outing in the woods and glens surrounding that palace of hotels, "The Elms." Reduced rates of $2.00 per day have been made by Manager Fish for this occasion, and it comes but once a year. This is half price at one of the fine hotels of the world

Dr. J. W. Heddens about two weeks ago suffered a fracture of the fibula just above the ankle, complicated with an injury to the integument. Fnding that he could not have the necessary rest, after a plaster bandage had been applied, he determined to recuperate at the Hot Springs, New Mexico, where he expects to remain until he can "lay by the cane and run." In the meantime, Dr. Kessler, who has been connected with him for some years, gives attention to his practice.

In a case of severe hemorrhage from the stomach, says the Med. Record, in a patient fifteen miles from his office or any drug store, the doctor, having no remedies at hand, did nothing. The patient immediately began to improve, and ultimately made a good recovery. In a case of double compound fracture of the hips, a country doctor writes us that, not having any apparatus handy, he had the patient placed in a plain coffin, which supported the bones well and gave good results.

To Remove Dark Color From Comedones.—*The British Journal of Dermatology*, February, 1891, gives the following prescription of Unna and Leistokow for removing the unsightly "black-heads" which are so often an annoyance to a patient and a trouble to the physician:

℞ Lanolin .....10 parts
Vaselin .....20 "
Peroxide of hydrogen .....20-40 "

J. B. Lippincott Company will, beginning with April, issue quarterly thereafter a work entitled "International Clinics." This work will comprise the best and most practical clinical lectures on medicine, surgery, gynecology, pediatrics, dermatology, laryngology, opthalmology, and otology, delivered in the leading medical colleges of this country Great Britain and Canada. These lectures have been reported by competent medical stenographers and thoroughly revised by the professors and lecturers themselves. The object of the work is to furnish the busy practitioner and medical student with the best and most practical clinical instruction, in concise form. Each volume will consist of over 350 octavo pages, illustrated with photographic reproductions of important cases.

The Laughing Plant is the name of a plant growing in Arabia, and is so called by reason of the effect produced upon those who eat its seeds. The plant is of moderate size, with bright yellow flowers and soft, velvety seed-pods, each of which contains two or three seeds resembling small black beans. The natives of the district where the plant grows dry these seeds and reduce them to powder. A small dose of this powder has similar effects to those arising from the inhalation of laughing gas. It causes the most sober person to dance, shout, and laugh with the boisterous excitement of a madman, and to rush about cutting the most ridiculous capers for about an hour. At the expiration of this time exhaustion sets in, and the excited person falls asleep, to awake after several hours with no recollection of his antics.—*Medical Times.*

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In the State of New York there is now a compulsory three years course of study, perfaced by a compulsory preliminary examination, and ending by an independent examination for a license to practice before a Board of Medical Examiners appointed by the State.

Colorado For Consumptives. Notwithstanding the possibilities which have been looked for, and hoped for, from tuberculin, there continues even an increased interest in the beneficial influences of the Colorado climate. Much information is advanced to show that factors undeniably dwell in that region which exert a wholesome, and many times curative, effect upon wasting diseases, notably phthisis.

Photographing in Colors. The recent announcement, which is producing such interest in the general scientific field, may well receive the attention of the great medical body. The value of this discovery will be felt, in no small degree, by those engaged in medical research; and to the surgeon, pathologist, microscopist, physiologist, et al., the force of demonstrations will be increased by the application of this means.

All who attended the State meeting last year at Excelsior Springs, will remember with pleasure, "The Elms," with its wealth of beautiful scenery, miles of porches, and, better than all, its inviting and spacious dining hall, the sight of which would make any M. D. glad he came. The meeting this year promises to even surpass that of 1890, and with "mine host" Ellis presiding at "The Elms," every one may expect to be well cared for. We hope to meet you there, doctor.

Treatment of Bed-sores. Billroth is stated to apply the following treatment for bed-sores: Upon the appearance of reddening of the skin he applies a lotion of vinegar or lemon-juice. If excoriation is present, he applies nitrate of silver, and protects the part by zinc ointment or soap plasters. Where gangrene comes on, antiseptic compresses are to be applied, the wound being cleaned by the use of chlorine water, or carbolated oil may be used with care as the phenomena of intoxication may appear. Internally, he employs supportive treatment with wine, acids, quinine, and musk.

How to Operate Upon or Amputate Fingers or Toes.—The following method I have found both simple and satisfactory. Place a rubber band around the member, high up and sufficiently tight to prevent the cocaine from entering the circulation. Then with a hypordermic syringe inject from one-fourth to one-half drachm of a four per cent. solution of cocaine (freshly prepared) in at least four opposite points around the member. Introduce the needle as far as the bone, and inject slowly, at the same time withdrawing the needle. In this way the cocaine is distributed evenly from bone to integument. Now wait eight minutes, and then operate quickly. I have used this method of operation in my practice soon after the introduction of cocaine anæsthesia. Cocaine may be used as an anæsthetic in these cases, wherever it is possible to produce a stasis in the circulation, and thus prevent its absorption by the system.—*Int. Jour. Sur.*

The Microbes of Blue Pus.—Dr. M. M. Kusnezow states that blue pus is due to the action of two kinds of microbes, the bacillus pyofluorescens, which may occur alone or together, and can be distinctly differentiated. If injected in sufficient quantity under the skin of animals they both give rise to inflammatory infiltration and abscesses. Larger quantities produce also general systemic effects, manifesting themselves as loss of appetite, debility, diarrhœa, severe fever, etc., and sometimes causing death. Pure cultures introduced in the peritoneal cavity produce a fatal hæmorrhagic peritonitis. In human beings these micro-organisms also provoke pus formation and fever, but to a much less marked extent. Their occurrence in pus is therefore to be regarded as an infection of the wound, which is obstinate to treatment and readily transferred to other wounds. Hence it is a mistake to view their presence with indifference as was formerly done.

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ATTENTION is called to the advertisement in this issue, of the Christian Brothers' Commercial College. Bro. Marcellian, the principal, is an educator of the highest order, and this school for boys has a reputation second to none in the State.

THOSE who are obliged to take cod liver oil should simply salt and pepper each dose, and masticate a piece of dry bread afterward. By following this rule the oil will be less likely to cause nausea, and the offensive taste will be quickly removed by the bread.—Ex. We have found a much more palatable dose in combination with maltine.

A LARGE BRAIN. Wilson (*Edin. Med. Jour.*, January, 1891) reports the removal of a brain which weighed 64 ozs., in the post-mortem room of the Royal Edinburgh Asylum, from a man 75 years of age, 5 feet 10 inches in height. The circumference of the head was 24 inches. The brain was very anæmic, contained hardly any fluid, and was put on the scales immediately after removal. It was described as "large vertically, well-shaped all over, with convolutions if anything larger than normal, and sulci wide over the vertex, except the occipital." The man's intelligence seemed to have been above the level required for his work as a sawyer, but was never of a high grade.—N. Y. Medical Journal.

AT a meeting of the New York Surgical Society, Prof. J. A. Wyeth (*N. Y Medic. Journal*) related an unfortunate experience he had had with the Paquelin cautery, during the removal of a tumor of the bladder by supra-pubic cystotomy. He had asked an assistant to hand him the instrument, which was already prepared. Just as it was held over the surface to which it was to applied it began to explode, the flame having run up, and clear into the bottle of benzine. Fortunately no serious trouble resulted, but in view of the fact that the same thing occurred recently at the Skin and Cancer Hospital, it is well to be careful in the use of the cautery. The accident was due to a failure to insert the sponge which prevents access of the fluid to the incandescent metal.

RINGWORM of the body is generally very amenable to treatment, judging from the numerous domestic remedies which act so successfully. Sometimes, however, an obstinate case is encountered and recourse is had to the physician. In such cases a rapid cure is desirable, and the application of the following, once daily, for two or three consecutive days, will generally prove successful:

℞. Hydrarg. bichloridi, gr. .....ij.
Tinct. benzoin co.....℥. m.
Paint over affected parts.

Care should be exercised not to paint too large a surface, as the above mixture is toxic. If an excoriation exists it should not be applied, as it is irritating to the wounded integument.—*Med. Chips.*

STRANGE REVOLUTION IN WOMEN'S DRESS—WILL AMERICAN LADIES DARE ADOPT IT? Some predict that the great change in the fashioning of the clothes which are to be worn by women this coming season is the most wonderful victory of the nineteenth century—if fashion leaders can be induced to adopt it, and appear just once in public so arrayed Men will hold their breath in wonder at the marvelous change it makes in lovely women. "Few of the fair sex can help being beautiful in these glove-fitting costumes," says a writer in a recent number of *The New York and Paris Young Ladies' Fashion Bazar.* "This magazine is the only one in Europe or America which makes a specialty of giving those inclined to stoutness an unrivaled appearance of sculptured slimness," said Her Royal Highness the Princess of Wales. Madame Patti has ordered from the Paris house four magnificent costumes, the designs of which appear in the April number of this Fashion Bazar—and in this magazine only. Mrs. Harrison is greatly fascinated with the exquisite gem, costume No 4, in the April number. It is expected she will give an order for an exact counterpart of it, the whole front of which will be incrusted with pin-head diamonds. This gown alone will be worth asking ransom.

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Our Book Table

THE INTERNATIONAL MEDICAL ANNUAL AND PRACTITIONER'S INDEX FOR 1891. Edited by P. W. Williams, M. D., Secretary of Staff, assisted by a corps of thirty-eight collaborators—American and European—specialists in their several departments. 600 octavo pages. Illustrated. $2.75. E. B. Treat, Publisher, 5 Cooper Union, New York.

The ninth yearly issue of this valuable one-volume reference work is to hand; and richly deserves and perpetuates the enviable reputation which its predecessors have made, for selection of material, accuracy of statement and great usefulness. The corps of department editors in number and ability surpass that of last year. Its numerous illustrations—many of which are in colors—make the Annual more than ever welcome to the Profession, as providing, at a reasonable outlay, the handiest and best resume of Medical Progress yet offered. Part one comprises the New Remedies, together with a Review of the Therapeutic Progress of the Year. Part two is devoted to Special Diagnosis: the first on Deformities of the Hand, and their Diagnostic value in Nerve Leisons; the second on the Character of the Sputum as an aid to Diagnosis. Part third, comprising the major portion of the book, is given to the consideration of New Treatment; and is a retrospect of the Year's work, with numerous Original Articles by eminent authorities. The fourth—and last part—is made up of Miscellaneous articles, such as Recent Improvements in Sanitation; Concerning Climatology and Hygeine; Alcoholic Inebriety, and the results of Asylum Treatment; Improvements in Pharmacy; Books of the Year, etc.

HEREDITY HEALTH AND PERSONAL BEAUTY; John V. Shoemaker, A. M., M. D.; F. A. Davis, Publisher, Philadelphia, Penn.; Cloth, $2.50; half Morocco, $3.50 net. 422 pages.

This book is intended for a popular work on hygiene. It is therefore written in a popular vein and devoid of any special scientific air. Many things are written with many words that could have been expressed with a few had the author been addressing simply the medical profession and using technical language. This does not prove, however, a special objection to the book but makes the reading a matter of recreation to the physician. Darwin's name occurs quite frequently in the text, and his opinions are quoted by the author more than once. The philosophy of evolution is the undercurrent of the whole book. Nature's evidence of the law of life and growth, man's spiritual place in nature, man's physical place in nature, phenomena of evolution in the present era, sentiment of the beautiful, source of beauty, art of walking, the skin, the bath, the hair, nails, feet, hands, clothing, ventilation and household remedies, are a few of the subjects which are considered.

SENN'S PRINCIPLES OF SURGERY. Nicholas Senn. Illustrated 109 Wood Engravings. F. A. Davis, Publisher, Philadelphia, Penn. Cloth, $4.50; Sheep, $5.00 net.

No American is more competent to write upon the principles of surgery than Nicholas Senn. He is an acute thinker, an original investigator, an indomitable worker. His ideas also are always in keeping with the most advanced views on surgical questions. The book before us is not the hurried work of a few months of compilation, but is evidently the result of many years of careful thought. In the preface Dr. Senn truthfully says: "The student who has mastered the principles of

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surgery will have no difficulty in applying his knowledge in practice." He also states that it has been his intention to keep in constant view the differences between the cellular processes as we observe them in regeneration and inflammation and to connect the modern science of bacteriology more intimately with the etiology and pathology of surgical affections than has hitherto been done by most authors who have written on the same subjects. An idea of the scope of the work can be best conveyed by giving the headings of the various chapters. Regeneration—Regeneration of different tissues, Inflammation, Pathogenic Bacteria, Necrosis, Suppuration—Suppurative Osteomy Elitis, Suppuration in large cavities, Abscess of internal organs, Scepticemia, Pyæmia, Erysipelas, Tetanus, Hydrophobia, Surgical Tuberculosis, Clinical forms of Surgical Tuberculosis, Tuberculosis of Lymphatic Glands and Peritoneum, Tuberculosis of Bones and Joints, Tuberculosis of Tendon Sheaths, Actinomycosis Hominis Authrax, Glanders.

TEXT BOOK OF HYGIENE PRINCIPLES AND PRACTICE OF PREVENTIVE MEDICINE; by Geo. H. Rohe, Professor Obstetrics and Hygiene. Baltimore College Physicians and Surgeons; Second Edition. F. A. Davis, Publisher, Philadelphia. $2.50 net. 422 pp.

The successful physician of the future will be the one who prevents disease. The sanitarian will largely superscede the physician, and the physician will necessarily become gradually merged into the sanitarian. To prevent is better than to cure. The profession do not give enough thought to the sanitary phase of medicine. The importance of the subject in general is acknowledged but the details of the science are very little known. Hence it is that books on preventive medicine should be pressed upon the attention of doctors. Rohe's work is a good one. It is comprehensive and yet not tiresome. The matter is presented in a straightforward, sensible way and in such a manner that it takes hold of the reader and remains a lasting impression upon his mind. Air, water, food, sewerage, soil, construction of dwellings, school houses and hospitals, exercise and training, bathing, clothing, disposal of dead, quarantine and other hygienic subjects are carefully discussed. There may not be a great deal of new material set forth but that which is presented is of unquestioned value.

PHYSICIANS LEISURE LIBRARY. Geo. S. Davis, Detroit, Mich. Paper, 20 cents; cloth, 50 cents.

Modern Treatment of Headaches.—By Allan McLean Hamilton, M. D.

Headache! The bugbear of practice. What doctor has not been annoyed and harrassed by cases of headache, particularly in women. Headache cures are sold on all sides by druggists, and quacks reap here a bountiful harvest. It is therefore a matter of the utmost importance to the physician. Dr. Hamilton gives his own experience and not that of others. He has not compiled a monograph from the writings of other men. The monody is sensibly arranged in six chapters under the titles of Congestive Headache, Anæmic Headaches, Organic Headaches, Toxic Headaches, Neuralgic Headaches, Neurasthenic Headaches.

Ausculation and Percussion.—By Frederick C. Shattuck, M. D.

Ausculation and Percussion are the most important means of physical diagnosis and it therefore behooves all to be familiar with the many ways by which they can be made to subserve the interests of the doctor. Shattuck has written a practical work and one that will be useful to any one who will read it no matter how.

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well versed in physical diagnosis he may be. The plates, after Weil, showing the position of the various organs of the thorax and abdomen are excellent. The chapter headings are The Lungs in Health; The Lungs in Disease; The Physical Conditions and Diseases of the Pleuræ and Lungs; The Heart in Health; The Heart in Disease; The Pericardium; Thoracic Aneurism; Physical Exploration of the Liver Spleen, Stomach and Pancreas.

THE EVOLUTION OF SEX—By Prof. Geddes and J. Arthur Thompson. With 104 illustrations. Two double numbers (132 and 133) of the Humboldt Library. Price 30 cents each. The Humboldt Publishing Co., 28 Lafayette Place, New York.

Such a work as this, written by Prof. Geddes, who has contributed many articles on the same and kindred subjects to the Encyclopedia Britannica, and by Mr. J. Arthur Thompson, is not for the specialist, though the specialist may find it good reading, nor for the reader of light literature, though the latter would do well to grapple with it. Those who have followed Darwin, Wallace, Huxley and Haeckel in their various publications, and have heard of the later arguments against heredity brought forward by Prof. Weissmann, will not be likely to put it down unread. The authors have some extremely interesting ideas to state, particularly with regard to the great questions of sex and environment in their relation to the growth of life on earth. They are to be congratulated on the scholarly and clear way in which they have handled a difficult and delicate subject.

DIABETES; ITS CAUSES, SYMPTOMS AND TREATMENT, by Chas. W. Purdy, M. D., Queens University; with Clinical Illustrations. F. A. Davis, Publisher, Philadelphia, Penn. Ready Reference Series. $1.25 net. 184 pp.

This volume belongs to the Ready Reference Series and is in keeping with the high standard of its predecessors. We reviewed one of this set some time ago treating of epilepsy. The present volume on diabetes is a good companion piece. The present status of knowledge on this disease is fully set forth. The dietetic treatment receives special attention. This is proper, for it more than drugs has to to do with the welfare of the patient. The best mineral waters of the country are pointed out and much valuable information given regarding the benefits to be derived from the various resorts and different climates.

WOOD'S MEDICAL AND SURGICAL MONOGRAPHS; Published monthly; $10.00 a year; Single copies, $1.00. Wm. Wood & Co., New York.

March Number. Contents: The Modern Diagnosis of diseases of the Stomach; J. M. Purser, M. D., Dublin. Unsoundness of Mind in its Legal and Medical Considerations; J. W. Hume Williams, London. Baldness and Grayness, their Etiology, Pathology and Treatment; Tom Robinson, M. D., London.

TWELVE LECTURES ON THE STRUCTURE OF THE CENTRAL NERVOUS SYSTEM; by Dr. Ludwig Edinger, Frankfort-on-the-Main; Second Edition; 133 Illustrations. F. A. Davis, Publisher, Philadelphia, Penn. 230 pp.

The most complete work upon the central nervous system we have ever seen. The matter was originally presented as lectures. These have been gathered together and published in book form. Anyone wanting an exhaustive treatise will find it in this book. The plates are numerous and good and serve to elucidate the text in a satisfactory manner.

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Mellin's Food

FOR INFANTS AND INVALIDS.

A SOLUBLE DRY EXTRACT, prepared from Malted Barley and Wheat, consisting of Dextrin, Maltose, Albuminates, and Salts.

The SUGAR in MELLIN'S FOOD is MALTOSE. MALTOSE is the PROPER SUGAR for use in connection with cow's milk.

The sugar formed by the action of the Ptyalin of the Saliva and the Amylopsin of the Pancreas upon starch is MALTOSE. In the digestive tract MALTOSE is absorbed UNCHANGED.

— *Landois and Sterling.*

MALTOSE is a saccharose, not a glucose, and is a form of sugar which does not ferment.

— *Materia Medica and Therapeutics, Dr. Mitchell Bruce.*

"I have never seen any signs of fermentation which I could attribute to the influence of MALTOSE."

— *Eustace Smith, M.D., F.R.C.S.*

MELLIN'S FOOD, prepared according to the directions, is a true LIEBIG'S FOOD and the BEST SUBSTITUTE for Mother's Milk yet produced.

IT REQUIRES NO COOKING.

THE DOLIBER-GOODALE CO.,
BOSTON, MASS.

GLYCERIUM ⊕ PEPTICUM FAIRCHILD'S

A highly potent, pure glycerine extract from the stomach, free from disagreeable taste and odor, and from all suggestion of animal origin. Possessing a uniform, definite standard of activity, it may be instantly adjusted to any desired dosage as an equivalent of dry pepsin.

It gives the most digestive power obtainable for the money; mixes freely with all proper combinations, wines, elixirs, etc., and is, therefore, highly recommended to those who require a liable, economical and concentrated pepsin solution, suitable for the immediate preparation of all the official or unofficial formulas.

The Glycerium Pepticum can be had of Jobbers everywhere.
Samples and Pamphlets sent gratis upon request.

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Where to Spend the Summer, is a question that is already agitating the minds of physicians and their patients, as well as those who seek recreation from a pleasure standpoint simply. While some are inclined to favor the Eastern watering places, a larger majority are of late years turning their attention to the Great West, with her wealth of attractions, magnificent scenery and high altitude. In point of grandeur, no place can equal Colorado, and within her mystic boundaries are situated more charming resorts, romantic scenery and beauties of nature than are possessed by either Scotland, Italy or Switzerland. A prominent writer thus describes his first glimpse of Manitou, the "Chammouni" of America:

"The glorious summer day was drawing toward its close; the sun which had shone with a splendor, unknown to Eastern skies, was descending in the West, amidst an oriental pomp of color; the mountains, clothed in purple and crowned with gold, stood before us, the winds came cool and fresh from the lofty regions of eternal snow, and sang melodiously among the pines and aspens; to our right a stream, whose waters were almost as transparent as the air, danced along its tortuous channel; festoons of clematis drooped in graceful plentitude from the willows, whose bending branches made bowers of sylvan beauty upon the brookside, while flowers of crimson hue, crimson and gold and purple, flamed and flashed like rare and curious gems in the glistening rays of the descending sun. It was a scene such as Aladdin might have conjured up with his magic lamp, and I was vaguely wondering if it might not be a beautiful but fleeting mirage of the imagination, when the door of the car was opened by a brakeman who entered hastily and shouted lustily: 'Manitou!'"

The interest will center this season at Pike's Peak, the attraction being the completion of the wonderful "Cog" railway reaching the summit of this celebrated mountain. The entire distance traversed by this line is something less than nine miles, and the ride once taken, while perfectly safe, is one never to be forgotten.

There is no question about Manitou being the ideal summer resort, having been favored by nature with healing springs, equal if not superior, to those of Ems or Spa or Saratoga, and being surrounded by scenery more beautiful, grand and varied than that of any similar resort in the world. Easily accessible, being only a few hours ride from Denver or Pueblo, on the Denver & Rio Grande railroad, it is thronged each season by the wealth, cultivation and fashion of the East, and by those to whom the life-giving climate of Colorado proves such a boon.

But there are hundreds of other resorts in this favored state, which are noted for their water and grandeur of scenery, among which may be mentioned: Glenwood Springs, Pagosa Springs, Palmer Lake, Colorado Springs, etc., all of which are directly on the line of this wonderful railway, the building of which is considered one of the most wonderful feats of engineering skill known to this country. We would advise our readers to send for some of the handsome books issued by this line, which contain beautiful photo-engravings of the points of interest to be seen on the route, including Pike's Peak, Garden of the Gods, Spanish Peaks, and hundreds of other wonders of nature, and a glowing description of the newly completed "Cog" railway up the mountain. Address, S. K. Hooper, General Passenger Agent, Denver, Colorado.

Eagle Springs. Regular visitors to this favorite resort will be pleased to learn that the hotel has been completely overhauled this spring, a new and spacious dining hall built, and with the addition of a number of comfortable rooms, every guest may be assured of splendid service. The rates at this picturesque little retreat are the most reasonable of any in the West, and the accommodations and home comforts second to none. For particulars and analysis of the waters, address, Pryor Plank, Highland Station, Kansas.

DOCTOR, have you noticed the offer we make you for clubbing the Home Magazine, conducted by Mrs John A. Logan, assisted by the most brilliant writers of the day? Look it up in the advertising pages,

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News and Miscellany

THERE is good reason to believe that St. Vitus' dance has often been caused by eating too freely of meats.

ONE of the best applications for chapped hands is: menthol, half a drachm; salol one drachm; lanolin, one ounce, Apply twice daily.

FOR the indefinite aches and pains of nervous patients. tongaline is superior to any other anodyne. For nervous headache, or muscular rheumatism, it is almost a specific. PARK RITCHIE, M. D., St. Paul.

DR. HUTCHINSON recommends for the treatment of bleeding at the nose the plunging of the feet and hands of the patient in water as hot as can be borne. He says that the most rebellious cases has never resisted this mode of treatment.

A NEW TREATMENT FOR INSOMNIA.—A physician reports very gratifying results in the treatment of this annoying trouble by simply directing the patient to drink a glass of Malted Milk as hot as can be borne just before retiring. Refreshing and natural sleep followed in almost every instance. It is well worth trying.

SUPPOSE YOU TRY IT.—It is a matter of fact that many healthy men and women to-day owe it to the faithful use of the Hypophosphites of Lime and Soda that they did not die of consumption years ago. See the excellent advertisement of McArthur's Syrup on page 1 of this issue and follow the good advice therein contained.

I AM glad to bear testimony to the fact that I have found the Acme Microscope No. 5 which I got of you about a year ago, perfectly satisfactory in every respect, of good workmanship, and durable. I use it constantly, especially for the examination of urinary sediments, with the best of results. CLARENCE N. PAYNE, M. D., No. 147 West Ave., Bridgeport, Conn.

ON ANOTHER page will be noticed a letter explaining the reason of recent failure to secure good results from use of Antikamnia. The facts set forth are very plausible, and the Company would be glad to have every such failure reported to them, giving the name of the druggist who dispensed the product. This would enable them to trace the trouble to its source, and would soon terminate this unprincipled practice of "substitution."

WE have just received the following communication from the Cibils Co. "DEAR DOCTOR: We beg to announce to you that at the January meeting of the Cambridge, Mass. Medical Improvement Society, after a lengthy discussion on food preparations, our Cibils Fluid Beef Extract received the cordial endorsement of the Society. We are hearing quite frequently from the MEDICAL HERALD in response to our advertisement. Wishing you continued prosperity, we have the honor to be, very truly yours, THE CIBILS CO. OF THE U. S.

[The Cambridge Medical Improvement Society is one of the most conservative Associations in the East.]

TARRO-PETROLENE—This new chemical combination of old and tried pharmaceutical agents is rapidly getting in favor among the medical practitioners. Its merit lies chiefly in the fact that it contains tar and yet is so well combined, or so chemically altered that no granular or sticky or pungent trace of it is shown. It is a neat amber ointment, with agreeable odor and applicable even as a toilet article. Its properties are: Antiseptic, parasiticide, soothing and healing. It is used successfully in most rebellious skin affections, including shancroids, herpes, urticaria, old sores and ulcers. Indeed the most remarkable cases of old standing ulcers have been cured by its use. The agent is a legitimate pharmaceutical combination well worthy the trial of any physician who is not aquainted with it. Send for a sample to the Petrolene Comp. Co., Columbia, Mo. See page 2.

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THE diet of very nervous children ought to be largely vegetable. Meats, as a rule, increase the nervousness.

THOSE who are given to the use of alcoholic stimulants should know that this habit decidedly increases their liability to consumption of the lungs.

THE KING OF TABLE WATERS—For a uniform and agreeable mineral water, none excell the famous Underwood Waters. Supplied to the trade by C. D. Smith Drug Co., and Elfred Drug Co., St. Joseph, Mo.

EPILEPSY-HYSTERIA.—I have used Peacock's Bromides extensively in epilepsy and hysteria, two cases of epilepsy of twelve and fifteen years standing have not returned for two years. C. W. TOWNSEND. M. D., Bower Hill, Pa.

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SUBSTITUTION AGAIN.—OFFICE OF G. C. EGGERS, JR., M. D., FLORISANT, MO., April 21st, 1891. ANTIKAMNIA CHEMICAL CO., ST. LOUIS, MO. GENTLEMEN: I have been using Antikamnia for the past ten months, and up to within the past month uniformly obtained results which justified in every particular the claims made for your product. In fact its usefulness to me was so completely established that I had come to regard it as an absolute "sine qua non" in my practice. Within the past month I have had some inexplicable failures in cases where Antikamnia never before disappointed. Upon carefully reviewing the subject, I find that during the entire period I purchased direct from you I had no failures to record. Latterly, however, I have purchased from convenient retailers. Within the last two or three months I have noticed in various medical journals, several alleged formulæ for Antikamnia, varying so materially, that their very disagreement successfully establishes their falsity. I am led to believe that some druggists are supplying a compound made according to one or the other of these formulæ, and dispensing it as Antikamnia. I wish you would look into this. When I prescribe *Antikamnia* I want *Antikamnia* and nothing else. Very truly yours, G. C. EGGERS, JR., M. D.

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THIS DEPARTMENT will be devoted to such notices and comments as the Business Editor may feel inclined to make of deserving and meritorious preparations, and such items of news concerning new goods as will prove interesting to our readers. Practitioners are particularly requested to send us brief facts concerning the success of preparations advertised in THE HERALD, as demonstrated in their practice, and we will always be glad to give space in our Original Department for extended reports of clinical cases. Practices for sale, or notices of removal, not exceeding ten lines, will be inserted FREE three times for subscribers. Always state reasons for selling.

(THE HERALD'S circulation being among a class of physicians who PAY THEIR SUBSCRIPTIONS (and consequently READ each issue), this journal naturally offers the best opportunity to those advertisers who desire to reach the thrifty and progressive practitioners of the West and South.)

THIS Journal is on file at the following agencies, where advertising may be placed at our regular rates, and we invite Eastern Pharmacists to call and examine THE HERALD carefully:
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See cut of building on advertising page 19.

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A PRACTICAL MONTHLY JOURNAL OF THE MEDICAL SCIENCES.

HIRAM CHRISTOPHER, M. D., Editor.

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BRANSFORD LEWIS, M. D. (late of the St. Louis Medical Review), European Correspondent.

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ORIGINAL

Multiple Fracture

BY W. S. HARVEY, M. D., SALINA, KANSAS.

Reported at the Meeting of the Golden Belt District Medical Society, at Salina, Kas.

In the city at No. —, North 8th Street, on October 15th, 1889, I assisted at the birth of a boy, in whose cranium I found a very unusual deficiency of ossific deposit in the frontal, occipital and parietal bones, in fact the whole vault nearly was without bony support or protection. Could see no deficiency in bones of the extremities, but there was double bow-leg as well as anterior curvature. Careful handling of the child was advised. On October 18th (three days later) was recalled to find left arm fractured at the surgical neck. In dressing this fracture the first step was to fix the shoulder by a double figure of eight bandage, one of course placed in front and the other crossed on the back. Second was to adjust a three and a half inch bandage neatly around chest, the upper margin of which was placed closely up into the axillæ. Third was to envelop the arm (and forearm) in a thin layer of absorbent cotton, retained by a lightly applied roller bandage. Fourth was the fitting on of a pasteboard splint, cut out at the elbow flexure and slotted at the top to properly encompass the shoulder, it having been immersed in hot water, over which was snugly wrapped a roller bandage. Fifth was to place the arm against the side, a strip of absorbent cotton intervening to help to trough the arm, then encircled the chest and arm from shoulder to elbow with a roller bandage finishing by stitching together both this roller bandage and the former named chest bandage both in front and back of the arm as closely as possible, thus troughing and splinting the arm by means of the body. The fore-arm was then flexed to a slightly acute angle, the hand and wrist being supported and fixed by means of stitching the swing (in which the hand rested) to the chest bandage and anterior portion of the double figure of eight bandage. Dressing removed in three weeks. No excoriations. Union complete. November 6th was recalled and found right humerus

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broken a little above the middle. Dressed in similar manner. November 26th was again called and found left tibia and fibula broken about middle. After shielding limb with cotton, applied a light plaster cast to limb fixing both ankle and knee, and in this manner correcting in a great degree (in this leg) both the bow-leg and anterior curvature. June 3d found right femur fractured about middle Used plaster dressing and long splint. June 30th again found right humerus fractured just above the condyles; dressed it with a plaster cast. In this instance I "succeeded" in getting a moderate external angle, but no impairment of mobility whatever. This fracture was caused by the child raising his arms up over his head and when bringing them down hard had struck the long splint yet on the right leg. Aug. 30th, two and half months after its former fracture, I found right femur again broken at old site, caused by child being thrown out of a wagon. Dressed as before. Now, gentlemen, about two weeks ago this child was brought to me on account of a skin disease, at which time his mother agreed to bring him to-day that I might here present him, but this absence is thus accounted for: On December 31st this little one had nursed and gone to sleep on his mother's lap and had let the left arm drop down between two rungs of the back of the chair, so that when the mother arose the arm caught and was fractured with an audible snap, this time just above condyles Gave the mother Churchill's Syr. Hypophosphites for two months after confinement. Distinct crepitus was gotten at each time of these fractures. There was no unusual thickening at site of union. Child has always looked well and has grown as others ordinarily do.

Morbific Agents; Their Nature and Source.

By

We shall not be able to understand and appreciate morbific agents, or to determine the fact of their action until we have a pretty clear conception of living matter, active in the vital cells of complex organisms. This kind of matter has the same general and primary characteristics in all grades of living organisms, and since it is living, it is active, and discharges functions which are primarily and essentially constructive and perpetuative; building up, preserving, and perpetuating and increasing itself, and producing structures and eliminating secretions and excretions, as results of its functional activity. The last class of substances is discharged from the organism as not only useless, but also injurious if retained in the organism. If re-absorbed, they are poisonous to the body excreting them; if solid and insoluble in its fluids, they may remain attached, as the poisonous alkaloids of plants or encysted fluids of animals. It is a law of living organisms that excretory substances are poisonous to the organisms excreting them and in many cases to others also, when absorbed directly into the general circulation and brought into contact with living cells of the organism. Thus urine or the cutaneous excretion, when re-absorbed, will light up disease, and may produce death. These are the products of cell action, analogous to the excretory products of micro-organisms.

Passing, without further consideration, solid, liquid and gaseous substances whose poisonous properties are well known, we turn to those whose action is not so apparent, and especially those which are supposed to be causes of disease; and chief

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among these is bad air from whatever source. Malaria (a general term, specifically applied) is the most common and familiar, though its presence and identification have never been placed beyond question. The fact of its presence has been assumed. Certain morbid phenomena have been ascribed to it, whether such phenomena appear at one season of the year or another. If one becomes bilious in the winter or early spring months, and has severe rigors, his condition is ascribed to malaria which invaded his system in the fall, this season being the time of the year when malaria is supposed to be generated by the decomposition of organic matter, because "malarial" diseases are more prevalent then than at any other time of the year. Outside of the morbid phenomena, we have no evidence of its presence, and consequently none for its identification as the cause of the morbid phenomana ascribed to it. It has no chemical reaction, nor, indeed, any physical property by which its presence can be determined. Autumnal fevers are the only proofs of its existence; but since the assumed cause has not been proved to exist, no genetic connection can be established between the assumed cause and the effect.

The origin of the so-called malaria was formerly ascribed to the chemical decomposition of organic matter; now to micro-organisms, since they are the cause of all disease. The time of its production is placed at the time when "malarial" fevers chiefly prevail, the autumnal fevers of old writers. Its favorable places are marshy districts and bottom or low-lying lands, and its season when warm days and cool nights with heavy dews prevail. Warmth and moisture are certainly necessary to the so-called decomposition of organic matter; but equally certain it is that cool nights do not favor chemical changes. One such physical condition is sufficient to cast a cloud of doubt over the chemical origin of autumnal or malarial fevers.

Concomitant with the view of chemical decomposition of organic matter by oxidation is the general belief that organic matter is spontaneously decomposable because of the natural instability of such substances. That view had its origin in appearances, and at a time when the action of another force was unknown and unsuspected in this direction. But when experiments showed that organic matter when excluded from the air, suffered no change in its chemical constitution, a cause other than chemical action had to be sought as the cause of the changes which organic matter is known to undergo when in contact with the air. Under this latter condition, they readily and rapidly undergo the so-called decomposition, and emit, in many cases, offensive odors, and in some cases, odors capable of exciting emesis more quickly than any known emetic. Producing such an effect, these odors must be regarded as morbific agents. How comes it that such odors are produced?

The microscope discovered the cause, and repeated experiments confirmed its discovery. When the atmosphere was excluded or filtered, solutions of organic substances were found to undergo no change. No odor was emitted, nor were any micro-organisms found in them, until after they had been exposed to unfiltered air. Then changes in taste, odor and composition appeared, and continued until various species of micro-organisms had completed the destruction of the substance. Thus we have in the juice of the grape changes effected by different species of organisms, passing through the alcoholic, vinous, and aceteus stages of fermentation, each distinct product arising from a specific organism, these several results being products of vital action going on in the organism during its development to maturity and

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subsequent nutrition. But if micro-organisms be excluded from such juices, the latter undergo no change, so that we are shut up to the conclusion that the observed changes are effected by micro-organisms. This action is vital and primarily nutritive, and the substances produced by this action and eliminated are of the nature of excretions of micro-organisms. These things being true, organic matter cannot be regarded as spontaneously decomposable: on the contrary, it is really more stable than inorganic matter, for this does undergo decomposition under the action of physical forces or external conditions. Vital action, and this alone, is the appointed means of effecting changes in organic matter and reducing its constituent elements to inorganic compounds.

Among these substances, there are some which are capable of exciting disease in a living organism. If we consider the elaborated sap of plants, we perceive that it is a complex nitrogenized compound, and necessarily so, because from it are formed all the substances found in the plant. Among these are nutritious substances. There are also some poisonous substances, capable of exciting disease and producing death in the organism of man. These are fixed products. But some plants emit gaseous bodies which are poisonous, and these are formed in the plant organism by the action of its living cells, directly or indirectly. When an offensive odor arises from a plant, or a solution of organic matter, swarming with micro-organisms, the source of the gaseous substances is the same. In the one case, they are individual beings; in the other, the vital units of complex organisms, the associated units being the analogues of individual micro-organisms.

Bad air, then, of every kind, arising from the so-called decomposition of organic matter, whether from dead animals and plants or parts of them, or from stagnant bodies of water, large or small from which arise offensive odors, is a product of vital action and of the nature or class of extretions, of which, probably, the most are morbific, in a greater or less degree. Sternberg, who is both a physician and a microscopist, in speaking of the decomposition of organic matter in the soil, says: "Modern researches show that such decomposition is due to the vital activity * of living organisms, and that a variety of chemical products is formed while it is taking place, some of which are assimilated † by the micro-organisms which are the active agents in the process of decomposition, and some of which are set free." (*Malaria and Malarial Diseases, page 49*). As respects the properties of these "chemical products" of vital action, he says: "We do know that certain complex nitrogenous substances produce most violent toxic effects in minute doses. As examples of this we may mention the septic poison—sepsin—which has been obtained by Bergman, by Panum, and by Burden-Sanderson from putrid animal matters; the ptomaines, which resemble the vegetable alkaloids in their reactions, and which have been studied by Selim and Gautier, who obtained them not only from putrid blood, but also from normal secretions of healthy persons; and the proteids obtained by S. Wier Mitchell and Reichert from serpents' venom." (*Ib p. 64*). To the same purport Klein says: "Gaspard, Panum, Bergman, Billroth, Burden-Sanderson, Gutman and Semmer, and many others have shown that from putrefaction of animal substances, a substance can be obtained—the septic poison or sepsin—which can

*Not well expressed. He means the vital *action* of the living cells of these organisms.

†Are we to understand that micro-organisms assimilate their own excretions?

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be isolated by various chemical processes destructive of every living organism, and which, on injection into the vascular system of animals, especially dogs, in sufficient quantities, produces marked febrile rise of temperature, and is capable of causing death with symptoms of acute poisoning, e. g. shivering, vomiting and purging, spasms, torpor, collapse and death." (*Micro-Organisms and Disease, p. 70*). These poisonous products of cell-action are in form solid, liquid, and gaseous. The last when diffused through the air, may occasion disease as certainly as do the solid and liquid forms when taken into the body.

Bath Lift for the Sick and Paralyzed.—Dr. S. A. K. Strahan has described in the London *Lancet* a bath lift for the use of the sick, which the doctor endorses in the following words: "This bath lift, to which I would call the attention of the profession, was designed with a double object: (1) to prevent those accidents which from time to time occur during the bathing of the paralyzed and otherwise helpless, and make the bathing of the most helpless patient by a single nurse at once possible and safe; and (2) with a view to the better carrying out of prolonged immersion—a mode of treatment frequently resorted to at present in various diseased conditions. The apparatus consists of a light, rigid frame supporting a strong net, and raised at the end to form a pillow. This net can be elevated to the level of the top of the bath and lowered at will by means of the handles attached to the revolving bar. A rack-and-pinion arrangement makes it impossible for the net to 'go down with a run,' and the bent crossbars keep the net three inches from the bottom of the bath tub when at its lowest. In use, when the patient is brought alongside the bath, the net is raised, the patient comfortably placed thereon, and gently lowered into the water prepared for him beneath. Bathing over, the net is raised again to the level of the top of the bath, the patient rubbed dry and prepared for bed. Nurses and others who have single-handed attempted to lift a helpless person from the bottom of a bath will be able to appreciate the usefulness of this contrivance. The advantages of the lift in cases of prolonged immersion are many, not the least of which is that the patient is supported in mid-water, his weight being equally distributed, and no portion of his body being allowed to come into contact with the bottom of the tub. Should the person be delirious or maniacal, the limbs can easily be secured to the net, and all dangerous struggling is obviated. There is sufficient space between the edge of the net and the side of the bath to prevent injury to the fingers should the bather grasp the rods. The apparatus can be made to fit any size or shape of bath, and can be fixed to an ordinary bath in a few minutes. It is also to be noticed that the net and revolving bar can be removed in a moment, so that in a private house the bath may not be monopolized by the invalid. The machine should, I think, prove of great value both in the private house and in the public institution."

In response to an invitation from the *North American Review*, Sig. Crispi, the late Prime Minister of Italy, has promised to write an article for that periodical which will appear in an early number. His contribution will be strictly in keeping with the timeliness which plays so prominent a part in the conduct of that publication.

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European Correspondence

LONDON LETTER

— I —

THE TRIP—A WEEK IN NEW YORK AND HER POST-GRADUATE EDUCATION AS COMPARED WITH THAT OF THE OLD WORLD—THE SPECIAL HOSPITALS OF LONDON AND PARIS—ENGLISH CHARACTERISTICS—THEIR PRIMITIVENESS—STRICTURE—SOME DEVICES—ADVANTAGES OF LONDON OPERATING THEATRES—INTERESTING OPERATIONS, ETC.

MEDICAL HERALD SPECIAL CORRESPONDENT.

LONDON, May 3, 1891.

To the Editor of the Medical Herald:

"A foreign correspondent!" How little I realized the "momentum" of this title. In my imagination a bottle of ink, pad of paper, and a "choice collection" of ideas constituted all the necessary elements of which that functionary is composed, but I never appreciated before now to what degree of martyrdom a man must resign himself in order to qualify as a London correspondent, but I do now,—most thoroughly. Think of crawling into one's room in the early evening *in London* to write a letter on things medical or scientific or otherwise prosy, when the clatter of the busy cabs, the busses, the hum of the throngs of people and the gay and inspiring strains of "Annie Rooney" floating up to his "palatial" apartments, all invite him down to join their merry ranks. Yes, one must first be a veritable Saint Anthony to be a London correspondent. And, I candidly confess—as these pages will doubtless soon show—that I am not yet prepared in the way mentioned to take on the dignity of that title. My thoughts are not wholly alienated from things worldly and commonplace, and interesting, if my hand is supposed to be devoted this evening to the cause of Aesculapius.

I have been in the "big town" a week now, having arrived here on the 21st, after a very pleasant passage on the good ship Nevada, and a stay of two days in Glasgow and Edinburg. A week's visit in New York antedated this part of my trip, and was spent in hospital and clinic inspection and in making or renewing acquaintance with some of our Eastern medical brethren.

I was especially desirous of ascertaining the relative value of post-graduate instruction in special departments to be attained there, as compared with that given in London, Berlin, Paris or Vienna, and naturally I have not yet come to any conclusion, having gotten only as far as London. But I'm "a-takin" notes, and expect to learn something on the subject before I get back.

I was struck with one feature concerning New York medical instruction, however—that there is too much dividing up of the clinical material; patients that would make good subjects for clinics in special branches—for instance, surgical affections of the genito-urinary apparatus—that collected into one clinic at one hospital would make an extensive and valuable service there, are scattered about in various general surgical clinics, so that the student of a special branch, not being able to attend all of these clinics, misses, on this account, many valuable cases and instructive operations, which he would be able to see under a different arrangement. This seemed to me to be notably so with reference to genito-urinary surgery. The great amount of material naturally afforded by so large a city as New York is not sent for treatment to two or three large clinics devoted especially to this branch, nor to

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a hospital for the treatment of such affections, but is disseminated in the way mentioned in the surgical and venereal clinics and the general hospitals. And though we may read of the brilliant and successful work accomplished in this branch in New York, we are not able to *see* as much of it as we should like when we go there.

In London and Paris, it is different. In the former city there is St. Peter's Hospital for Stone, Stricture and Urinary Diseases, with an almost endless daily clinic, and special days for operations, and the Lock Hospital for Syphilitics and Venereal Diseases, with quite as large a service. St. John's Hospital for Diseases of the Skin, with service so large that two daily clinics of several hours each are required to get through with the patients; the Blackfriars Hospital for Diseases of the Skin; London Throat Hospital; the Hospital for Consumptives and Diseases of the Chest, Brompton; the Hospital for Sick Children; the National Hospital for the Paralyzed and the Epileptic; the Royal London and other Ophthalmic hospitals, etc., etc., furnish evidence of the custom of concentrating clinical material in the way mentioned, that prevails here. The hospitals of Paris furnish evidence of the same nature. "So do those of New York," perhaps my reader will say, but he must admit that it is not by any means so common there, and he cannot mention parallels for some of the classes of disease included in the above hap-hazard list.

Therefore in this respect, at least, London affords marked advantages for the specialist student. This is only one feature, however, and will have to be considered only as such.

The English are a conservative people; that characteristic stands prominently forth at all times, on all occasions. They are satisfied with what they would call "well enough," at a point at which an American would not think of stopping. They have lived in flat-fronted, four story brick houses, and have carried on their business in five story houses of similar architectural design, for centuries; these have served them very well, they think, so why make any change? Their nation has grown great in such poor habiliments, so that, like the rich man, it can afford to look shabby.

I have long been an admirer of English conservatism, and have thought that in many cases we of America were inclined to be too hasty, in diagnosing, for instance, or too radical in operating; inclined to allow our impulsive ambition and progressive spirit to overthrow the dictates of sober judgment. But I cannot say that a closer acquaintance with this conservatism has enhanced my admiration for it any. It strikes me that it frequently amounts, in surgery and medicine, to actual slowness, and a Chinese-like imitativeness repelling progress and the advance of new ideas. In support of this conviction, with reference to the general life and business and habits of the English, I could mention a hundred facts off-hand—the primitiveness of their railroads, the coaches of which are never heated, hardly lighted, are minus lavatory accommodations, are arranged in an abominable style; the primitiveness of the hotels, with their candle lights and frequently no elevators; of the fire departments, which take anywhere from five to twenty minutes to arrive at the scene of a conflagration; the smallness and monotonous uniformity of all the houses, except the public buildings and churches or cathedrals. But my surprise at the real extent to which this "conservatism" was carried has not been lessened

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by the method of handling a strictured urethra which seems to prevail here. I have talked on the subject with Mr. Reginald Harrison, and Mr. Heycock, Surgeons to St. Peters Hospital, and Mr. Clark, of Lock Hospital; and from confreres from Kentucky who have been here for some time, I learn that their views are about the same usually held here. They never claim to *cure* a stricture; they believe that the best result that can be obtained is the ability to maintain a comfortable patency of the urethra by means of the intermittent passage of sounds throughout the patient's life time, preceded, if necessary, by a urethrotomy. In making the urethrotomy, Mr. Heycock and Mr. Harrison use a modified maissomenue urethrotome, which cuts always to the same calibre, and never above No. 21 French, and this is as much as they usually cut, fearing hemorrhage from a more extensive incision. If testing of the canal by means of a No. 22 or perhaps 23, bulbous sound (Lister), shows that these sizes are not readily admitted, then the enlargement is continued with a divulsing instrument up to No. 23. That done, enough enlargement is thought to be secured, and without reference to the approximate normal calibre of the canals, or the relative circumference of the penis, these are not regarded. If the No. 23 is passed the remainder of the patient's life, he has received as much benefit at the hands of surgery as he can expect.

The whole question of the correctness and propriety of such a view hinges, I think, upon whether we can radically cure strictures by more radical measures—by cutting the urethra up to, or even beyond, its normal calibre, so as to secure the division of *all* of the stricture tissues—the carrying out, to a large degree at least, of Otis's teachings, in other words. I think that the unanimity of the maintenance of this claim on America's side of the Atlantic would be such that we could hardly discover a dissenting voice.

Corresponding with the teachings of Sir Henry Thompson, gradual dilatation is more generally used here, and the urethrotome finds an infinitely smaller field of usefulness than it does with us. In vesical and renal surgery I believe their attitude would not seem so extremely conservative; but on this point I am not yet able to speak. In endoscopy and cystoscopy Mr. Henry Fenwick certainly occupies an enviable position. In addition to the practical research which he has made in the electric illumination and investigation of the urethra and bladder, he has made some valuable modifications of the instruments, and has added materially to the literature of the subject, both in the journals and in his book on "The Electric Illumination of the Urethra and Bladder." He makes much use of the endoscope in his clinic, demonstrating to my satisfaction, the other day, some chronic glandular inflammations of the urethral membrane. He uses the device for inflating and ballooning the canal ahead of the tube, and I think that notwithstanding the objection that has been made by some, that the congested vessels have their appearance changed by the pressure of the air in the canal, it is of material advantage in many cases. The urethra shows a different aspect from what we see with the simple tubal endoscope; we see much more of the surface at once, viewing, in fact, two or more inches beyond the inner end of the instrument. The simple Leiter electric endoscope (an older pattern), which I saw at one of the other hospitals, I should condemn as clumsy and awkward in every way. The tubes, in the first place, are too long, placing the object farther than necessary from the eye; the

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metal part is too thick and does not hug the obturator closely enough to prevent injurious scraping of the membrane while it is being introduced.

I do not see the Goulay canulated staff used in connection with the filiform bougie; instead, what are called "trailers," long flexible bougies, having their small end prolonged into a filiform strand, which antecedes and guides the larger part, are used. The flexible guide screwed onto the end of a metal instrument is also in use. I should prefer our own filiform and tunneled staff to either of these.

The seats of the operating theaters in London are built on a plan which our colleges and hospitals could adopt with much advantage, affording, as they do, a closer view of the operations by students. These seats are much narrower, compelling the on-looker to "sit standing," almost. It is not especially luxurious as a lounge for a sleepy student, but it serves the purpose for a wide awake one, and brings all nearer the operator. Another device is well worthy the attention of our hospital superintendents; viz.: the stretchers upon which patients are brought into the amphitheatre, It is made of canvas, say two and a half by six feet, having its side edges turned over and sewn so that they will leave a space through which two long poles may be introduced, upon which the stretcher swings. The poles are kept apart by two iron cross-bars which slip over their ends, thus preventing the stretcher from sagging disagreeably. A patient is brought in already anæsthetized, on such a stretcher, the whole is placed directly on the operating table, the poles and bars are withdrawn and he is ready; it is not necessary to lift him from stretcher to table, and back again. The ether inhalers with rubber bag attachments are frequently used.

Through the courtesy of several of the surgeons to whom I had letters of introduction, I have already been enabled to witness many interesting operations. With Sir William McCormac, at St. Thomas' Hospital, on April 25th, I saw Mr. Pitt extirpate a tuberculous testicle, incidental to a radical operation for hernia, on a boy about 8 years of age. Mr. Pitt's second case proved to be an interesting one. A man 48 years old displayed a tumor on the anterior and inner aspect of the right thigh, just above the knee. It was about double the size of a hen's egg; was of a hard, gristly feeling, somewhat painful and inclined to become inflamed when the patient did much walking or standing. It was of slow growth. The patient said that 14 years before his knee had been run over by a wagon, after which the growth had begun and slowly enlarged up to the present time. Now, do you know what that was? Rather slow for sarcoma, and didn't fill the bill for carcinoma, and —well the operation was exploratory.

On cutting into it, it was found to be of a yellowish-white color, firm of consistence, non-capsulated, apparently growing from the *vastus internus* muscle, and closely connected to the membrane of the joint. It then suddenly occurred to Mr. Pitt that it bore a very close resemblance to a gumma; a piece was excised and sent to the hospital pathologist, who soon returned a confirmation of this last diagnosis. The wound was re-closed and the patient was put on the iodides.

Other operations I shall have to speak of in another letter, as I notice this is growing to a length that endangers its interest. I had intended to say something of the Universities at Glasgow and Edinburgh, Scotland, which I visited before coming to London, but the London topics have occupied my time.

With best wishes for the "perfesh," I am, very truly, BRANSFORD LEWIS.

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SOCIETY PROCEEDINGS

Medical Association of the State of Missouri

The thirty-fourth annual session of this scientific body, opened at 11 A. M., May 19th, in the Auditorium of the Elms Hotel, in the beautiful village of Excelsior Springs. This little city is always attractive, its palatial hotel, "The Elms," ever a haven of rest for the weary, but never before were they both so beautiful and pleasing as on the morning of the 19th, when city, park and hotel were thronged with the delegates to the State Medical Society. The intellectual faces of the gentlemen, the beautiful ladies and winsome children who accompanied the delegates made a scene not soon to be forgotten. After the delegates were refreshed from the journey, the ladies were left to roam throughout the wonderfully attractive park and woodlands about the Elms, visit the health giving springs and hold pleasant intercourse with Nature in all her verdant beauty, while the sterner sex repaired to the Auditorium of the Elms and began the discussion of nature's noblest work—Man—and the diseases which mar his happiness and destroy his life. At the sound of the gavel of the President, there was a goodly number in attendance, and the routine business, such as receiving reports of committees, the apportionment of committes on programme, etc., was taken up and finished.

Afternoon Session.

Vice-President Dr. N. B. Carson in the chair.

The President, Dr. A. B. Sloan, read his address. It was full of logic and good sense; referred to the committee on publication.

Dr. A. W. McAlister, chairman on State Medicine, read his report, setting forth the following points necessary to fit a man for the practice of medicine: 1st—A clear head. 2nd—A liberal education. 3rd—Attendance on three full courses of lectures of nine months each. 4th—The Diploma recognized only as a certificate of study. 5th—An examination before a Licensing Board. A motion to adopt the report carried.

Dr. Glasgow read his report on Pneumonia, making pneumonia of influenza the distinctive feature of his paper. The subject was freely discussed by the body.

Evening Session.

Upon reconvening a motion prevailed to reconsider the action of the Society with reference to the recommendation in the Dr. McAllister report.

Dr. Mudd, of St. Louis, read an interesting paper on the progress of surgery. His subject was chiefly directed to hæmorrhages of the brain resulting from fracture of the base of the skull.

The discussion was participated in by Dr. Carson, who reported several cases and presented pathological specimens, Drs. Prewitt and Tuholske.

Dr. A. V. L. Brokaw read a paper and gave a history of eleven successive cases of removal of tubes and ovaries.

Second Day, Wednesday, May 20.

At the morning session the resolution in reference to the three years graded course was again called up and precipitated a discussion which lasted for some hours, and prevented the introduction of much important scientific matter. Time was found, however, for the reading and discussion of Dr. L. I. Matthews' paper on the

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Fever Conditions in the Puerperal State. The paper was well received, but did not elicit much discussion.

Dr. Adams made the regular report on Gynæcology in a highly satisfactory manner. His paper covered the progress in this branch during the past year and was replete with valuable matter.

After dinner, the gavel had hardly called the house to order, when the college resolution was again called up, and for a few minutes it looked as though a severe storm was brewing. Several members made an attempt to address the Society at length, but a call for the previous question settled the matter, and the resolution was put to a vote, and was adopted amid great applause from the friends of the measure. The greatest opposition appeared to come from the Marion-Sims Medical College of St. Louis. The members of this school, argued, and not without reason that the passage of such a resolution would, while a College was yet in its infancy, work great injury to that College. Some even openly claimed that the whole move was prompted by a desire on the part of the older schools to crowd out the smaller colleges.

After oil had been poured on the troubled waters, and some of the bellicose members had visited the "*Electric* Spring," and sealed their friendship in the water of life which flows from thence, the scientific work of the Association was begun.

Prof. C. H. Hughes, of St. Louis, made the "Report on Neurology and Psychology." The doctor congratulated the profession that his specialty had added no new names to the nomenclature of diseases, and thought, that in this regard, neurology was ahead of every other specialty. Paranoia, the writer thought, was a good term, and as an addition to the classification, had come to stay, and would, he believed, be generally adopted. Among the prominent contributors to the literature of neurology, he mentioned Kiernan of Chicago, and Fry of St. Louis. The treatment of opium habit had been much improved, and the introduction of codeine as a substitute for morphia is a distinct advance. Alcoholism and inebriety are now entitled to a place among the legitimate nervous diseases. In psycho-therapy urethan, hypnol, somnal and sulfonal are still being used and all appear to have merit as hypnotics. A number of interesting cases bearing upon cerebral localization have been reported, confirmatory of the observations of Ferrier and Horsley. Several cases of syringo-myelia have been reported, but not enough to enable us to fix the pathology of the trouble. The microbe of tetanus still holds its place as a cause of this disease. The discovery of the diagnostic sign known as the virile reflex is of importance.

This interesting report was followed by a paper from Dr. Frank Fry, entitled "Chorea in the Aged." This article was of unusual interest and was well received.

The next paper read was by Dr. J. K. Cole of Lamar, Mo., on Psychology a Remedy in Disease. From the title of this paper one would naturally expect a learned dissertation on Psychology, but any such idea as this was soon dispelled when the paper was read. The writer apparently had a somewhat erroneous conception of the meaning and application of the word *Psychology*, and distinctly so when he placed "*Psychology*" sixth among the senses. His argument seemed to be based largely upon the generally well recognized influence of the mind over the body in illness.

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The paper was discussed by Dr. Schauffler of Kansas City, whose remarks were prefaced by a motion to refer the paper back to its author. His reason for such action was that the title of the paper was erroneous. The motion was defeated, however, and the paper was referred to its proper committee.

Dr. Marsh, of Liberty, and Dr. Hughes, of St. Louis, each made an address which was calculated to smooth the ruffled front of Dr. Schauffler and heal the wounds of Dr. Cole. These gentlemen were, however leniently inclined they might have felt, compelled to admit that the title and some of the language and statements were at least unhappy.

Dr. Mulhall, the able secretary, read a paper on "EXERCISE AND DIET IN THE TREATMENT OF SIMPLE INFLAMMATION OF THE AIR PASSAGES." The paper was one of the most valuable of the session, and was highly practical. The writer cited numerous cases to prove the influence upon such diseases, by improper diet and sedentary occupations. It was not the intention of the writer to do away with local treatment, but merely to show the close sympathy between the systemic condition and the local trouble. He believed that nasal catarrh was more prevalent in America than in any other country, and that it is largely due to the bad habits of the people. No people take less exercise, bolt their food more rapidly or dress so thinly as Americans. The paper was discussed by Drs. Schauffler, Foster and Logan.

The next paper on the programme was the "REPORT ON STATE MEDICINE" by Dr. Geo. Homan, of St. Louis. This gentleman being absent, the Secretary stated tha he had the paper, and had been requested by Dr. Homan to read it. The society objected, however, and it was passed, and referred to the committee on publication.

Dr. Bremer, of St. Louis, was absent owing to the late death of his child, and the next paper on the programme was called.

Dr. Paul Paquin, of Columbia, read a paper on the "STERILIZATION OF MILK FOR INFANT FEEDING," showing samples of sterilized milk. The writer spoke of the various forms of bacteria which are found in milk, and advised that all milk purchased from dairymen be sterilized before using. This is also a valuable safeguard against the introduction of tubercle through the medium of milk. The paper was one of great practical value and the author was complemented on all sides.

Dr. Lutz' paper was omitted owing to the absence of the author when his paper was reached.

Dr. R. E. Young, superintendent of asylum No. 3, Nevada, Mo., read a very entertaining paper, descriptive of asylum life and methods.

The evening session opened with a report on "PEDIATRICS," by Dr. Lester Hall of Kansas City. The paper was exhaustive and yet not too long. The progress in Pediatrics during the last year was thoroughly reviewed in a very entertaining way.

Dr. J. H. Thompson, of Kansas City, then presented a paper on the use of strong solutions of nitrate of silver in Simple Chronic Blennorrhœa of the Conjunctiva. This was of peculiar interest owing to the peculiarly strong solutions of silver used in some instances. Dr. Thompson used as much as 90 grains to the ounce, applying it, of course, to the retro-tarsal folds, and preventing a particle from touching the cornea. He had seen remarkable benefit from this treatment, having relieved one case which had baffled all other treatment.

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The report on ANANATOMY AND PHYSIOLOGY was presented by Drs. Sharp and Kelso, and was a fair resume of the progress in that department.

Dr. Von Quast, of Kansas City, reported several cases of empyema, and made some observations on the methods of treatment. The paper was discussed by Drs. Prewitt, Glasgow, Tuholske and Dalton.

Dr. Willis P. King, of Kansas City, related a most remarkable case of intra-cranial aneurism, in which he ligated the common cartoid with a successful result. The case is thought to be the third one on record, and is a most valuable contribution to the literature of surgery. Dr. J. H. Thompson assisted him in the diagnosis and operation, and in the discussion which followed the paper, made a most interesting statement of the case. The paper was highly complimented by every one, and was the event of the session.

After the reading of a supplementary report from the committee on credentials, the Society adjourned until morning.

Morning Session, May 21.

Immediately after convening the selection of the place for holding the next meeting was brought up. Pertle Springs, Sedalia and Excelsior Springs were put in nomination, and the backers of each place made the hall ring with their eloquence. Sedalia had a large following, but the advocates of Pertle Springs rushed the question to a ballot and had a slight majority, so that the heretofore unknown place called Pertle Springs will be honored by the presence of the Medical Association of the State of Missouri.

The election of officers being next in order, an informal ballot was taken, which resulted in Dr. Prewitt receiving 47 votes and Dr. Dalton 36, balance of 10 very scattering. As soon as the informal ballot was announced, Dr. Dalton moved that the rules be suspended and the election of Dr. Prewitt be made unanimous. This was done, and Dr. Prewitt declared elected. He was conducted to the chair and made a few happy remarks, thanking the members for the honor conferred.

The committee on nominations reported as follows:

1st Vice-President, Dr. E. A. Dulin, of Nevada.

2d, Tinsley Brown, of Hamilton.

3d, P. Paquin, of Columbia.

4th, T. E. Potter, of St. Joseph.

5th, C. H. Highsmith.

Secretary, L. A. Berger, of Kansas City.

Assistant Secretary, Dr. Frank Fry, of St. Louis.

Treasurer, Dr. C. A. Thompson.

Votes of thanks were tendered to retiring officers, the railroads, the Excelsior Springs Company, and the several committees.

On motion the money received from the rental of space to exhibitors was turned over to the Elms management in payment for the use of the hall.

After the business of the Society had been finished, scientific communications were again taken up. Dr. Ewing, of Independence, reported two cases of abdominal surgery which he had recently operated upon with good results.

This paper was followed by one on "PELVIC SURGERY," by Dr. McIntyre, of St. Louis, and both were discussed together. Dr. McIntyre spoke strongly in favor of

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the bichloride of methylene as an anæsthetic and recommended its more genera adoption. He also mentioned Antikamnia as an excellent sedative combination The author believed that the practice of flooding the abdominal cavity with hot water was beneficial not only in making the toilet of the cavity but also as a preventive to shock. Dr. J. M. Allen did not agree that hot water would prevent shock, and believed that opium was the best agent to prevent shock, pain and irritation.

Dr. Hughes agreed with the writer that hot water was valuable in arresting the sequences of traumatism, and that it assists reaction and conserves the body heat.

Dr. Lanphear wished to emphasize the necessity of early laparotomy in penetrating wounds of the abdomen. By the immediate operation, any hemorrhage that may have taken place can be stopped, and if the bowel is injured the cavity can be cleansed and the intestine stitched. He also recommends that the incision should not be made in the linea alba, as is usually done, but to one side in the muscular tissue, as this tissue unites more rapidly and firmly than the fibrous tissue of the linea alba. Dr. Von Quast, of Kansas City, protested against the unusual performance of laparotomy in wounds of the intestine; believed that the surgeon should be guided by the symptoms, pulse, temperature, evidences of hemorrhage, etc. He has seen cases in which penetrating wounds of the abdomen had been recovered from without an operation.

Dr. Gregory was called to the rostrum by the president and requested to give his views on the subject. The speaker prefaced his remarks by stating that he was well aware that he was generally regarded as old-fashioned and too conservative, yet he believed that the old men might leaven the impetuosity of youth to good advantage frequently.

He agreed *in toto* with Dr. Von Quast, in deploring the hasty performance of adbominal section, and would always wait for some untoward symotoms to arise. He advanced the theory that the external pressure exerted by the abdominal walls prevented the escape of the contents of the bowel, unless the wounds were extensive, and when fecal matter was found after opening the abdomen it might have escaped after the external support had been removed by the operation. He expressed himself as being startled that every man had turned surgeon and that mankind was subject to the fiat that laparotomy should be universally and promptly due in penetrating wounds of the abdomen.

Dr. Prewitt admitted that conservatism was good, and that too reckless use of the knife should be deplored, yet he thought that when a man had a wound of the intestine, his best chance was in the early performance of laparotomy.

This discussion closed the work of the society and after the introduction of a few complimentary resolutions, an adjournment until one year hence was taken.

EXHIBITORS.

Among the houses represented, your correspondent noted the following well-known firms, who had the most attractive displays: John Wyeth & Bro., Philadelphia; Doliber, Goodale & Co., "Mellin's Food," Boston, Mass.; A. M. Leslie Surgical Instrument Co., St. Louis; Antikamnia Chemical Co., St. Louis, Mo.; Physicians Supply Co., Kansas City, Mo. Messrs. Parke, Davis & Co., were also represented.

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SPRING DRIPPINGS.

WHY is Dr. Loeb like the lobus quadratus?

THE special train to Kansas City was a great convenience.

DR. OUTTEN is evidently in a decline, as he is growing quite thin.

DR. MULHALL is an efficient Secretary, as well as an able physician.

THE chronic kicker was there in all his glory, and protested against everything.

THE old feeling between the several college faculties would creep out occasionally.

MUCH sympathy was expressed for Dr. Bremer, of St. Louis, in the sad death of his son.

DR. LANPHEAR suggested that the St. Louis delegation were bilious and needed a purge.

THE Physicians' Supply Co., of Kansas City, was well represented and liberally advertised.

THE ladies enjoyed themselves hugely and added generally to the pleasure of the occasion.

DR GREGORY may be oldfegyish but he has not forgotten how to apply the actual cautery.

DID Dr. Bond really have his hands photographed where Dr. Von Quast's ears should have been?

MANY members were accompanied by their families and thus combined business with pleasure.

DR. J. M. ALLEN made more speeches than anyone, and was always listened to with marked attention.

DRS. STEELE AND SHARP were the tellers during the ballot for President. Quite a singular combination.

IT WAS a jolly crowd that filled the special with song on the way to Kansas City, and such singing ! !

THE "Electric Spring" water has a peculiar effect on locomotion. After a liberal use of it the consumer co-ordinates badly, and is affected with "delusions of grandeur."

DR. LUSCHER, of Kansas City, has discarded the habit of wearing a queue which he contracted while in China.

DR. DALTON did a neat and magnanimous thing when he moved to make Dr. Prewitt's election unanimous.

THE Sedalia contingent were sore over the defeat of their city, and some claim that it was not given a fair show.

LONG, tiresome papers should be shut off promptly, and every member be given an equal opportunity to present his paper.

THE exhibitors were unusually gentlemanly in their actions, and did not annoy the delegates as they have at other times.

THE "Electric" Spring in the basement, was the favorite with the doctors, although hard to find and unhandy to reach.

To insure successful meetings hereafter, both essays and debates should be limited to the allotted time and no extension given.

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THE St. Louis delegation came thirsting for gore, and they got it.

DR WILLIS P. KING still entertains the delusion that he can sing, much to the sorrow of his family.

THE members were loaded down with samples of pills, powders and potions until their pockets bulged.

WAS the selection of Pertle Springs done by the majority, or was it railroaded through?

PARKE, DAVIS & Co.'s affable representative photographed the members of the Society while standing on the verandah at the Elms.

THE sudden extinguishing of the incandescent lamps on Wednesday night created quite a stampede and considerable amusement.

THE breaking of the pumps at the Elms on Wednesday, was very unfortunate, and was no less annoying to the managers than the guests.

ONE rural member was heard to kick at paying fifteen cents for a shave, saying that the barber made fifteen cents quicker than a doctor could.

THE unfortunate wrangle over the three years' term resolution, consumed much valuable time which should have been devoted to scientific work.

DR. P. PAQUIN carried away the honors of the convention. He was universally complimented and his remarks were received with deep attention.

THE by-law requiring all papers to be confined to the special time should be enforced, and motions to extend the time defeat the rule and are unfair.

THE little party of doctors on the second floor front, used some terms not found in Dunglison's Dictionary; for instance, "I pass, raise you, see and call you," etc. Still we suppose it was all right.

THERE was some mismanagement in the arrangement of the programme, for many papers in the regular programme were not read, and yet no opportunity was given for the presentation of voluntary papers.

THE donation of the money received from the exhibits, to the Hotel Co., was an act of justice. The hall was furnished free, and the money turned over will not more than pay the expense of putting it in order.

THE dozen or two physicians who spent their time with the ladies at the Elms, instead of being at the meeting, were not the men whose reputation reaches outside their own hamlet. The MEDICAL HERALD loves the ladies, but believes in devoting time to them when it does not interfere with science.

THE next meeting of the Kansas Medical Society will be held at Fort Scott, instead of Topeka.

THE Long Island College Hospital announces the following changes for 1891: The regular course of lectures will hereafter be six months in duration. Three courses of lectures will hereafter be required for graduation. Joshua Van Cott, Jr. M.D. has been appointed Professor of Histology and Pathological Anatomy, *vice* Frank Ferguson, M.D. who has resigned.

THE MISSISSIPPI VALLEY MEDICAL ASSOCIATION will hold its seventeenth annual session at St. Louis, Wednesday, Thursday and Friday, October 14, 15 and 16, 1891. A large attendance, a valuable programme, and a good time are expected. The members of the medical profession are respectfully invited to attend. C. H. HUGHES, M. D., President, 500 N. Jefferson Avenue, St. Louis. E. S. MCKEE, M. D., Secretary, 57 W. Seventh Street, Cincinnati. I. N. LOVE, M. D., Chair. Com. of Arrangement, 301 N. Grand Avenue, St. Louis.

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THE MEDICAL HERALD.

A PRACTICAL MONTHLY JOURNAL OF THE MEDICAL SCIENCES.

HIRAM CHRISTOPHER, M. D., Editor.

ASSOCIATE EDITORS: JACOB GEIGER, M. D., SURGERY; J. W. HEDDENS, M. D., PATHOLOGY

BRANSFORD LEWIS, M. D. (late of the St. Louis Medical Review), European Correspondent.

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EDITORIAL

ON assuming the editorial management of any periodical publication, it is customary for the one taking such a charge to say a few words by way of introduction; and it is certainly proper to make these words few. Promises can not always be fulfilled, nor expectations always realized. The work is not an idle one nor an easy one. The tastes of a multitude are to be considered, and as these are not matters of knowledge, much judgment is required in an effort to meet and gratify them. Hence the difficulty of the task in profitably filling our pages. Our predecessor did well with this journal, reaching a standard it had not before attained; but it will not be too much for us to say that we desire to make it still better. There is always room above, and if one has an ability to climb an effort will take him higher. Yet climbing such an ascent is slow work. All knowledge in our science and art is not in the possession of any one; and though we may not be able to conceive "what can come after us," we may rest assured that much will come. Only the few have attained to perfection and infallibility: the great mass of us must still plod on in the usual way, hoping to pick up here and there, something that others have not seen or have overlooked, or to discover in the great mines of knowledge some ore that may yield a good percentage of valuable metal.

It is our desire to see the MEDICAL HERALD a medium of communication and interchange of views between the members of our profession, and especially those of this and adjoining States, where for the most part, the same forms of disease prevail, and where consequently, the same principles and methods, in general, are observed and employed in their treatment. It is also our wish and hope that the profession will aid in making this hope a realization. In this, they will benefit greatly not only others, but themselves also, since "writing makes the perfect man." When one proposes to lay any matter coming under his own observation and experience before a reading public, he becomes more careful in his observations and examines more minutely, and then arranges his thoughts more methodically in order that he may "say just what he means, and mean just what he says." Writing tends

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to make one observe more intently, to think more correctly, and to express himself more clearly than he is accustomed to do, however well he may already do all these things. With such care and consideration for himself, he will soon discover that he leaves nothing for the editor to change or amend, or the proof-reader to correct.

We shall be greatly gratified and pleased if we shall find many responding to our wishes in this direction, and contributing their mite to the increasing mass of knowledge now appearing on every hand. All such aid will be gladly received, respectfully considered, and accepted when possible. We shall aim and try to do what is right and best, and any failure we hope will be charged as an error of judgment. We greet our readers and cotemporaries with an extended hand.

Aims

IT is the general principles underlying any department of knowledge that makes that branch of knowledge a science. The limitations which man's organism imposes on his mind, make it impossible for him to attain more than a comparatively superficial knowledge of any department of nature; and hence he who can so map out a department in its general outlines as to embrace most of the facts known as belonging to that branch, has done much for all who come after him, and made it possible for another to enlarge that field and give a broader generalization.

General principles which arise from a classification of facts, show what connection the facts have with each other, and the relation they sustain as integrals to the whole, and this generalization brings to view the laws in accordance with which phenomena arise. Laws are but the modes of the action of forces, and are not themselves forces.

The operations of the vital force in the human organism, as manifested in the phenomena of health and disease, show the trend of the action of the life-force in the normal and abnormal states of the organism. The science of physiology embraces the knowledge of the operations of this force in health through its various organs — of the organs severally as apparently independent elements of a whole, and unitedly, as they contribute to the welfare of the entire organism.

Pathology, or the phenomena of the vital force under the influence of a morbific agent in what is called disease, shows the trend and action of this force when struggling in an effort to resist and overcome the morbific influence exerted from without, or from within, as under that trend-power we designate a diathesis when organic, or fixed in the living matter of the organism, or a cachexia, when less permanent, or septic condition when still more temporary.

It is the business of the physiologist to tell us what is the normal state of the organism and the normal action of the vital force in a majority of mankind; and of the pathologist, what is abnormal, whether as respects the forces operating to produce a pathological condition, as well as the nature and results of such action. The latter, when known as general and uniform, afford indications to the physician and surgeon as to what course he is to pursue in relieving the organism of a pathological condition or state, or treating an organ that is in such a state or condition. These branches of knowledge are finger-boards which stand on each side of the road as guides toward diagnosis and treatment.

The therapeutist, taking these as his guides, begins his work with those remedial

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agents which experience and observation have shown to be reliable in certain cases Their work in the treatment of disease has been determined by the action which they are observed to have over morbid processes. Their pathogenic properties have been noted and recorded, and this knowledge suggests their use as remedial agents. The effects of almost, if not quite all, are various, and not uniform in different individuals. Peculiarities of the body, natural or acquired, as idiosyncrasy, diathesis, temperament, etc., exert an influence which disturb or make impossible uniformity of action — hence, only general properties can be relied on in many case. though a few are reliable as respects their specific or particular property.

New remedies come in by accident, inference, or suggestion, and use in the end determines their stay or departure. The departed, in fact or effect, strew the past with their cemeteries. Hope and enthusiasm could not endow them with immortality—only the fittest survive.

Search in this field is continued year after year, because the surviving are few in number, and because there are yet not a few diseases which we cannot subdue. Foiled in all our efforts to rescue the attacked, we still eagerly seek, with more or less hope that some means may yet be found by which we may save or prolong life. The field of search is wide. Every avenue in nature, every nook and corner, is scrutinized for the desired object; and of late the microscopical world has been invaded for remedies so ardently desired.

And here suggestion has pointed out a way. Koch seems to have conceived of a possibility before he began his search, He had worked out a theory, and then sought its confirmation. Believeing that some diseases are caused by micro-organisms, he was fully persuaded that tuberculosis, which kills so many, was also caused by a microbe, and hence set about to discover it, and confirm his supposition by fact. His object was a worthy one, and his success incalculable in its beneficial results should it prove to be a success. Success, if impossible, may lie in that direction, but this has not as yet been assured.

The lymph of Koch has excited universal interest. Pasteur hopes for like results in a different direction. Brown-Sequard conceived the hope of reviving decaying powers; and he reached his conclusion by similar methods of reasoning, though the thought may have had its origin in an emergency. Consulted, possibly, by one who felt the vigor of youth waning under the weight of three score and ten, and desiring to feel again something of what was active at half that age, it probably occurred to that distinguished physician that a serviceable remedy might be found in the fluids of that organ whose function contributes so much to that species of vigor the septuigenarian desired to have restored,— hence the Elixir.

The reception the elixir met with did not discourage his efforts nor terminate his investigations, nor those of others in the same direction. In a late statement of what he has done since the first announcement, we have the nut of his original thought broken, and the kernel exposed. There seems to have been no deviation in the current of his thoughts from first to last. The semi-fluid, secreted by the organ chosen as the source of the elixir, and whose hypodermic use in the hands of another investigator was attended by so startling a success, seems to have been considered the active agent in the fluid which constituted the virtue of the elixir. From the further reports, the remedy seems to be a panacea.

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The question naturally arises just here whether such a proposed remedy is calculated to contribute to the interests of morality, or its extension by the other investigator is in the line of decency. Rejuvinated age will not be content with the non-rejuvinated, and will, therefore, turn aside into the fresher pastures of illicity, and indulge in follies which make him the butt of ridicule, and put to shame the proprieties that belong to age.

Delegates to the Mississippi Valley Medical Association.

The following physicians have been appointed delegates to attend the next meeting of the Mississippi Valley Medical Association to be held in St. Louis about the middle of October: Donald Macrae, M. D. and T. B. Lacey, M. D., Council Bluffs, Iowa; Drs. R. M. Stone, A. F. Jones and B. F. Crummer, Omaha, Nebraska; Drs. S. R. Miller, Clarinda, Iowa; Dr. Daniel Morton, St. Joseph, Missouri; Drs. Hal Foster and James Sharp, Kansas City, Missouri; Dr. H. W. Loeb, St. Louis, Missouri.

Forty-Second Annual Meeting.

THE Annual Meeting of the Association convened at Washington, D. C., May 5th As usual, it was a delightful and profitable meeting, made so by the genia character of its members, and the able addresses which were read before it. Dr. W. T. Briggs, of Tennessee, the retiring president, delivered an address which was well received, and "acquitted himself in a manner creditable to a presiding officer," his rulings "being prompt, decisive and impartial." The next meeting is appointed for Detroit, under the presidency of Dr. Henry O. Marcy, of Massachusetts.

Our London Letter.

WE take pleasure in calling special attention to the admirably written and very interesting letter of our European Correspondent, Dr. Bransford Lewis. This is but a foretaste of of what our readers may expect from him. His letters will bear frequent reading. The present letter is an indication of what opportunities he finds to observe, and his style throws around the subjects he writes on a charm which makes them the more interesting.

A New Medical Journal.—Rumor has it that a new medical weekly will be published in St. Louis before the year, the editor and publisher to be none less than Dr. Bransford Lewis, (late editor *Review*) who is now in Europe. With the Dr's ripe experience and ready pen, who can predict aught but success?

The St. Louis Medical College, an institution of forty years of life, has become the Medical Department of the Washington University of the same city. It will enter on a new life and occupy a more commanding position before the public It was once,—about forty years ago—the Medical Department of the St. Louis University.

Medical Education.—Special attention is called to our College advertisements in this issue, which embrace most of the best institutions in the west. A number of schools sent in their copy too late for this month, which will appear in our July issue.

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Our Book Table

SIX CENTURIES OF WORK AND WAGES—A history of English labor, by J. E. Thorold Rogers, M. P., late professor of political economy in the University of Oxford. Abridged. With charts and appendix by the Rev. W. D. P. Bliss. Introduction by Richard T. Ely, Ph. D., associate professor of political economy in John Hopkins University. Price 25 cents. The Humbolt Publishing Co., Astor Place, New York.

This little volume in its attractive makeup is the first of a series that should prove a great success for the publishers. In his great work, "Six Centuries of Work and Wages," Prof. Rogers left a priceless legacy to the cause of the wage-workers of the world. By twenty years of patient labor he has been able to present an immense amount of original data of unquestionable authenticity concerning the hours worked, the wages paid the purchasing power of money, and in fact all the details that enter into the economy of the life of the English subject from the beginning of the 13th century to modern times. In this abridgement by the leader of christian socialism, nothing of practical value is lost. To the general public, who constitute the interested spectators of the struggle which is going on to-day all over the world between employer and employe, this book will find readers eager to know the *raison d'etre* of it all. To the student of economic questions and to those actively engaged in or abetting the conflict, and whose efforts must count for something in shaping the destinies of the "bread winners," this book should stand as the alphabet in their educational outfit. The lesson it teaches should be promulgated in the lodgeroom of every labor union.

THE DAUGHTER: HER HEALTH, EDUCATION AND WEDLOCK; Wm. M. Copp, M. D. F. A. Davis, Publisher, Philadelphia, Penn.

This is a book dealing with the sexual life of a girl from infancy to motherhood It is intended to be prescribed by physicians in those cases where lamentable ignorance of the laws of nature exists. The matter is arranged in paragraphs of various lengths, each one dealing with some phase of the subject. All in all it is a good book and one that a physician can safely put in the hands of young girls whose mothers are too modest to explain the facts of sexual life. The style is tasty and the book, so far as appearances go, would be an ornament to the center table.

MATERIA MEDICA, PHARMACHOLOGY AND THERAPEUTICS, by John V. Shoemaker, A. M. M. D., professor of the same in the *Medico Chirurgical* College, Phila., F. A. Davis publisher, Phila. and London, Vol. 2. Cloth $3.50, sheep $4.50. Royal Octavo, 675 pages.

The reputation of the author is enough to recommend his book. It is not burdened with unnecessary preliminary descriptions of remedies. He goes at once into the subject and quits when he gets through. He gives the official preparations of each remedial agent, its pharmacy, physiological action and therapy, or its uses, doses, etc. In all its features it is up with the present time. His experience as a teacher and practitioner are sufficient to assure that it is abreast with all that is known of the subjects treated.

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A TEXT-BOOK OF BACTERIOLOGY; by Carl Frankel, M.D., Professor of Hygiene, University of Konigsberg. *Third Edition*, translated and edited by J. H. Linsley, L.D., Professor of Pathology and Bacetriology, Medical Department of the University of Vermont; Demonstrator of Pathology and Bacteriology, New York Post-Graduate Medical School and Hospital, etc. Octavo, 380 pages. Extra muslin, $3.75. New York: William Wood & Co.

This work, taking it all in all, is the best on the subject of which it treats,—a subject that now engages—we might say, absorbs—almost entirely the attention of the profession in Europe and America, and this because of the one disease—tuberculosis—that carries so many to an early grave. Its name indicates its drift and purpose—the theory that many, if not all, diseases owe their inception to micro-organisms. The author is a firm believer in this theory; and to those who are like-minded the book will prove extremely interesting, instructive, and encouraging. His style is simple, plain, and clear, and his thoughts are readliy seized and understood. As in all like works, tuberculosis and its bacterium engross the attention of the author: all else seems but subsidiary. Too much can not be said in behalf of the book, assuming the author's fundamental thesis to be true, nor too little, if it be not true. The value, therefore, of this work depends on the truth of its thesis. But even if this be denied by the reader, the interest one finds in the book is not thereby destroyed. It will remain to future years as a clear and full exposition of the fundamental thesis of the germ theory of disease. There seems but little left for anyone who shall hereafter essay to write on the subject, either as respects the facts, the principles, or the technique of Bacteriology, and especially as it respects tuberculosis which engages chief attention. The author believes in the infectious nature of the disease; that it is acquired, and chiefly by the inhilation of the dried infectious material; and wholly denies the diathetic character or origin of the tuberculosis, and, consequently, its heredity transmission. The denial was necessary since, with the fact of heredity proved, the entire fabric, based on the assumption of its microbic origin, falls to the ground, and with its fall comes the uselessness of the corresponding treatment.

COSMETICS; by Heinrich Pasckes; 210 pages; Wm. Wood & Co., Publishers.

This is a treatise intended for physicians particularly and pharmacists incidentally, since the treatment given the various subjects are appreciable only by the physician, as will be seen from the few chapters embraced. Under Chapter II, we have: The Skin, Water, Soaps, Fat Glycerin, Alcohol, the Alkalies, Acids, Balsams and Resins, Agents irritating the skin, Iodine preparations, Sulphur and its preparations, Metallic Salts, Powders and Cosmetics, Perfumes, and Deodorizing agents, Under Chapter III we have: the Hair and Nails, Fats, Agents for drying the hair and removing its fat, Agents for increasing the growth of the hair, Hair Dyes, Inorganic Dyes, Astringent agents, Antiseptic agents, and Polishing agents. The book contains many formulæ.

THE ARENA for May comes, as usual, filled with interesting matter. Its subjects have a wide range. The Wheat Supply of Europe and America is its opening article. Then comes Russia of To-Day, a Discussion on Spiritualism, The Anglo-Saxon "Unco Guid," What is Judaism? The Survival of Faith, Thomas Jefferson, New Testament Inspiration, (a vein of gold in that Granite Rock.) An Interesting Social Experiment, The Family Tree of the Malmageo, Is Socialism Desirable, etc.

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Crumbs

Belladona in tincture—20c 30 drops—with wine of ipecac, in 10c 15 drop doses, every ten minutes, is said to excite labor pains.

Gargles are still prescribed, and formulæ are given in the journals, and yet a more excellent way is at hand. Are gargles "abreast of the age?"

La Grippe is said to be again on the increase in Russia. If it would confine its work to the officials of Siberia and their superiors in Russia, it might not be an unmitigated evil.

There is some talk of a German medical college in Chicago. What's the use? And why? The English language is rapidly becoming the universal speech, and why jostle against the inevitable?

Sterility is of the first importance with microbists. They can not be persuaded to take a sociable saucer of cream or a glass of sparkling soda, because the vessels in which they are served are not first sterilized.

Consumption is on its last legs, after having, from time immemorial, kept its victims on theirs. The batteries now charging on it are numerous and increasing, so that surrender can not much longer be delayed.

Dr. Chas. Steele in *British Med. Journal*, mentions a case of a young lady who got a needle in her heel, a fragrant remaining imbedded. He advised the wearing of a corn-plaster over the spot with a little cotton in the center. Within a week it protruded and was extracted.

If you *will* rub your back against the walls of Vienna Medical Colleges, "chip in" and become a member of the "Students' Association" in that polyglot city. If there shall be anything of the Yankee left in when you get there, you will soon see enough to make you sick. Hurrah for *the U. S.!*

The Medical Herald was represented at Excelsior Springs State Meeting by Drs. Jacob Geiger and Frank C. Hoyt. They both report courteous treatment and generous "sustenance" at the hands of the Elms management, and express regret that the next meeting is not to be held at this grand resort.

Our leading undertaker either banks on the future or is prophetically wise, if a large invoice of subterranean couches mean anything. The fact is a reflection in a certain direction. However, no more may have been intended than to signify that crops of all our kinds are promising in the extreme, and to remind the community that boys (and girls too) will eat green apples.

"According to the *Revue generale de Clinique et de therapeutique* for October 15, 1890, during the academic year 1889, there were twenty-four women students at the medical college in Calcutta, eleven at Campbelle, five at Cuttack, and thirty-nine at the University of Madras. Seven women of Ayra have obtained licenses to practice, and nineteen at Lahore. In Bombay, Poonah, Ahmedabad, Hyderabad, and elsewhere in India there are also women studying medicine.—N. *Y. Med. Jour.*

The edge of this great wave was felt in St. Joseph the last winter.

A distinguished physician in London delivered a lecture before a Ladies' Club in which he intimitated that persons predisposed to tubercular consumption would be prohibited by law from marrying. It is said that there was some commotion in the audience, and an audible protest, which the lecturer made the occasion for retiring. A strange influence which this disease exerts on its victims, has been observed by every physician, and this is the unreasonable confidence they maintain to the last that they will recover. A like infatuation seizes those who discover a cure, and their confidence is robust until death breaks the delusion.

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Personal

Drs. W. I. and Jas. W. Heddens have returned from their California trip.

Dr. Senn of Milwaukee has been appointed to the Chair of Surgery in Rush Medical College, Chicago, made vacant by the death of Dr. Chas. T. Parkes, both of national reputation.

Dr. Robt. A. Hare has been elected to the Chair of Therapeutics in Jefferson Medical College, Philadelphia, Prof. Bartholow having resigned. The appointment is said to be a judicious one.

Dr. F. C. Hoyt, Assistant Physician and Pathologist, Asylum No. 2, rendered The Medical Herald efficient service at the State Medical Meeting, in the capacity of special correspondent. The doctor's able report will be found in another part of this issue.

Joseph Leidy, M.D., L.L.D., a distinguished physician and naturalist, died at his home in Philadelphia on the 30th of April, aged 68 years. He was widely known through his works as a man of scientific attainments. He was a genial gentleman, and greatly esteemed and honored in scientific and professional circles. A ripe age adorned by a ripe life.

Dr. H. W. Loeb, of St. Louis, and former editor of The Herald, made us a flying trip recently, having been in attendance at the State Medical Meeting at Excelsior Springs. The Doctor is full of enthusiasm as usual, and never misses an apportunity to panegyrize the *Medical Mirror* or Marion-Sims College of Medicine. Come again Dr. Loeb, The Herald always has a warm place in the office chair for you.

Our London Letter.—Dr. Bransford Lewis' first letter will be found in another portion of the present issue, and will interest every progressive doctor. These foreign letters, which appear every month hereafter, will give an insight into European Surgery, and we hope our readers will appreciate the opportunity afforded them by the Herald for a "trip through Europe" on "terra firma." Dr. Lewis' next will date from Paris.

On the 29th of April, another distinguished scientist passed away: John Le Conte, A.M., M.D., L.L.D., Professor of Physics in the University of California. The *Pacific Medical Journal* says: "Prof. Le Conte was a native of Georgia, but for more than twenty years he was connected with our State University, where both he and his brother filled important chairs in the departments of Science. Advanced in years beyond the three score and ten allotted to man, he still continued his ardous work almost to the last. With the men of profound learning he combined a child-like faith and true Christian humility. He was beloved, nay, venerated by all who knew him, and especially by the students of the University, who came daily under the influence of his benign and noble nature." Such tributes are the dues of such men.

We received a few days ago by due course of mail, a neatly printed pamphlet detailing the great virtues of the waters of Carlsbad, the great center of bibulous Germans, and on the same day had the pleasure of looking on the rotund form of our friend Moses—he of the little or large village East-on (us). We expressed some surprise at the gastro-enteric capacity of our friend, and could but ask on which of the many beef tonics or malted preparations he "had been feeding to grow so large of late." A girth of 55 to 60 inches indicates something like hypernutrition. We should have thought nothing more of these incidents had not the following from the Fliegende Blatter caught our eye:

Customer: "You have certainly made this coat very much too small for me."

Tailor: "That is very easy to remedy, my dear sir. All you have to do is to take a trip to Carlsbad."

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PROGRESS

Notes on the use of Koch's Lymph.—All records published up to date of cases treated with the lymph are necessarily incomplete, because they have been under observation only a short time. In view of the many serious objections raised against the use of tuberculine, it behooves us to decide whether it is a desirable agent in the hands of the general practitioner. The question assumes a greater importance, because the lymph can now be obtained quite readily, and the former excuse that it could not be purchased, is no longer of value. The objection raised against the use of the tuberculine can conveniently be classed under the following heads: 1. It can produce a too powerful reaction, the fever following an injection can be of a very high degree, and the treatment can even be followed by collapse. 2. Tuberculine can produce hyperemia an different organs; hemorrhage in the lungs; in the brain serious disturbances and coma. 3. The local swellings formed with the reaction around tubercular nodules can become dangerous if situated, for instance, in tne larynx or trachea. 4. Nephritis has been caused by the lymph, and in albuminuria an increased excretion of albumin has been observed. 5. Pneumonia of a peculiar form, pleuritis, as well as a localized inflammation of the lungs have been observed to follow the injection. But the most serious objection made is that through it the bacilli are driven into the general circulation, producing miliary tuberculosis. 6. And, lastly, it is claimed that tuberculine is unreliable, its action uncertain, especially in old and in quite recent cases. Against these objections we can bring the long series of brilliant results obtained by Dr: Koch, himself, and verified by a long list of careful, unprejudiced observers. Personally, I have had the lymph since November 20, 1890, and, although I have used it in a large variety of forms of tuberculosis, I have had only one fatal case,—a boy æt. fourteen, who suffered lung, laryngeal, and intestinal tuberculosis, and was already in an advanced stage of fever when he came under my treatment in the first week of December. The injections were given with the greatest care, beginning with 0.5 mg., and increasing slowly. The fever remained, but the general health, as well as the lung and throat symptoms, improved somewhat; the intestinal trouble, however, grew worse, the diarrhea increased and could not be stopped, and, as I was afraid of a perforation of the intestines, the injections were discontinued on January 8th. At the end of January the boy died, but the tuberculine has been beneficial in every other case treated by me; even cases with large cavities in the lungs improved. A gentleman, æt. thirty-eight, who had tried all forms of treatment at the different health resorts, had an enormous cavity in one lung, but no fever, when he came to me. Under the influence of the lymph the bacilli in the sputa decreased as well as the quantity of the sputum itself, and the patient, up to date, has gained seven pounds in weight. The cavity in the lung remains, but it can be assumed that it is clean today. Two other cases of severe lung trouble have improved considerably, although it would be folly to talk about a cure after so short a period of observation. Several cases treated in the earliest stages of lung tuberculosis show no symptoms of the disease, whatever, today; of course all these favorable results cannot overthrow the objections raised, and we must consider seriously what care has to be exercised by the general practitioner in order to avoid

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dangerous consequences. Before Dr. Koch published the formula of the lymph, the wildest speculations as to its action were frequent. Today, we know that the glycerine extract contains only one per cent of the active principle. If, therefore, a patient weighing fifty kg. receives an injection of 1 cg. of the tuberculine and a reaction occurs, then the result is obtained by a quantity which stands in proportion to the body weight as one to five hundred millions. There are not many substances which will act in such minute quantities. We can claim for tuberculine that it produces an increased activity in the tuberculine lesion. The living bacilli excrete a substance which slowly produces a necrosis of the surrounding tissues. We add to this the action of the injected tuberculine and the combined activities are sufficient to form a congulation necrosis around the nodule, and a line of demarcation between the healthy and diseased tissue, which prevents a farther penetration of the bacilli into the sound surroundings. The cheesy degeneration, which we have considered as an unfavorable symptom, when viewed from this new standpoint, becomes a protective measure of the body against further invasion of the bacilli. When left to itself, the necrosis is not sufficiently a barrier and the bacilli can penetrate it and enter healthy tissues, but when we add to the excretion of the bacilli itself the tuberculine, the dividing line is formed rapidly and the bacilli die or are eliminated, as the case may be. Hopes were entertained at first that tuberculine would ensure immunity to the body against attacks of the bacillus tuberculosis, but over 1,000 experiments made on animals seem to settle the question; and, although our hopes for immunity have not been realized, we know for certain that the animals are safe against any infection by the bacilli as they are under treatment by tuberculine; and here it is well to notice that animals can bear a dose fron 1,500 to 3,000 times as large as man. From a therapeutical standpoint we have, at least a large variety of important remedies with which to combat the unfavorable symptoms that may arise from the use of tuberculine. The severity of the reaction fever can be undoubtedly lessened when we use very minute doses. The initial injection should be one *mg.* for each fifty *kg.* of body weight and increased slowly. If the patient looses flesh during the early stages of the treatment, we can interrupt it for one or two weeks and begin again with very small doses. As a rule, the patient bears the second series of injections better than he did the first, and a too strong reaction is thereby avoided. To guard against collapse any symptoms of heart disease or organic lesions, as well as extreme youth and old age, should make us very careful in the use of tuberculine. A possible brain hyperemia prohibits the use of the remedy in cases of tubrcular basilar-meningitis, unless the prognosis is more favorable after trephining. As the lungs can become hyperæmic from an injection, its use cannot be recommended after a recent hemorrhage, but some time and a complete rest of the patient is necessary before beginning the treatment. One of my patients who suffered for many weeks from lung hemorrhage, has improved very materially since the use of the lymph, and has not had any attack now for two weeks. The initial hemorrhage, which is so often the first symptom of lung tuberculosis, never prevents me from using the tuberculine after a certain lapse of time for the patient to rest. Severe swelling of trachea and larynx are, of course, more dangerous in cases of lupus than in the ordinary forms of tuberculosis, and in such cases the physician should always be prepared to perform tracheotomy; hence Koch's

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method is inadvisable in country practice where patient and physician live a long distance apart. The localized inflammations observed in the lungs after the injection are beyond doubt swellings around tubercular nodules and disappear, as a rule, in the course of the treatment. Pneumonia, due to the tuberculine, becomes dangerous on account of the serverity of the fever and the reduction of air surface in the lung. Hence, its use is contra-indicated in cases of pleuritic exudates, pneumothorax and anywhere where the air capacity has been materially reduced from one cause or another; in such troubles the existing troubles must be cured first before beginning the injection of tuberculine. In the same way an existing nephritis contra-indicates the use of the remedy, because the increased tissue change in the body requires healthy kidneys for its elimination. The most serious, however, of all objections raised, is that the tuberculine liberates living bacilli, throws them into the general circulation, and thereby produces a general in the place of a localized tuberculosis, and that the so formed general tuberculosis is not affected by the tuberculine. I do not deny the possibility of such occurrences, but doubt the latter inference, because in experiments made on animals such a general tuberculosis was amenable to treatment by tuberculine, just as well as other forms. That the remedy does not influence very old or very recent tubercular nodules may be accounted for by the varying conditions of the circulation; in the former it can prevent the access of the tuberculine to the nodule, while in the latter the bacilli have not excreted a sufficient quantity of substance to permit a combined action of tuberculine and excretion; we can assume, however, that repeated injections will attack these most recent nodules just as well. When we now place all the objections to Koch's method in one scale and the discouraging prognosis of tuberculosis in the other, we must admit that in tuberculine we have found a remedy which *can* work injury, but the application of which is *most* beneficial and almost harmless *if applied early enough;* for when the majority of the complications have not yet appeared, the fever is either very light or totally absent, and small tubercular nodules can be eliminated with ease. Of course the early diagnosis of tuberculosis is most important, and the possession of a good microscope and well trained capacity to use it are absolutely necessary. The mere name of "bacteriological microscope" or "oil immersion," is not suffiicient; such instruments should have been tested by experts to demonstrate their usefulness. Taking these points for granted, the general practitioner will be often called upon to diagnesticate tuberculosis in its early stages, because as family physician he knows the patient, the family history, and can often determine the presence of the disease long before the patient thinks himself sick. The physician, however, who can diagnosticate cases of recent tuberculosis must also be in the position to treat and cure his patient with the most modern remedies. Certainly a patient would rather allow his family physician to treat him with the tuberculine than place himself under the care of a stranger or go to a hospital. Not until every general practitioner knows how and when to use the tuberculine, will the hopes be realized which its famous discovery expressed, when he presented this unique remedy to the world of science. [Since Dr. Thorner wrote the above, he tells me that all his patients, up to date, are doing well under the treatment, and that some of them have increased as much as twenty pounds in weight; but he strongly advises to continue the treatment not only until all the bacilli have dis-

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appeared from the sputum, but until repeated injections of guinea pigs with the sputum fail to produce any tubercular lesions in these animals.—TRANSLATOR.]
DR. E. THORNER, IN *Buffalo Medical and Surgical Journal.*

The Relation of Lupus to Tuberculosis.—Few diseases of the skin have excited so much interest and attention as lupus vulgaris and the affections cognate to it either in name or nature. At the present moment this interest has been intensified, because the influence of Koch's fluid upon tissues affected with tubercle bacilli was in this disease exhibited most remarkably, and the phenomena could be most easily observed. The effect of Koch's fluid upon it has been regarded as a conclusive proof, from the clinical side, of the bacillary origin of lupus vulgaris, which Koch himself had already demonstrated on the microscopal side, though the bacili were so few and far between as to leave many observers of large experience still unconvinced. It is not, therefore, to be wondered that Mr. Hutchinson should have taken this subject for a series of post-graduate lectures, and should tread again the path which his footsteps have so often traversed, each time trying to do something to smooth the way for other travelers; and it is not without interest for us to learn what effect the new light on the subject has upon the mind of so able and experienced an observer. The lecture before us shows that Mr. Hutchinson still considers common lupus as "a variety of inflammation induced by any one of many local causes of irritation and inflammation;" the the peculiarity of the inflammation being due to the special proclivities of the individual, the parasite being at most a secondary phenomenon; but it is not easy to gather to what extent he ascribes a modifying influence to the presence of the bacilli. That this influence is not a very strong one in his view may be inferred from his observation: "If, indeed, it were asked whether the clinical evidence more favored the belief of the alliance of lupus with tuberculosis or with cancer, I am inclined to think that the reply would have to express hesitation." A little further on he says that parts affected by lupus not infrequently take on cancerous growths, and he quotes Dr. Bayha, of Tubingen, who had met with four cases of such a combination in his own practice, and then says: "I doubt much if many observers could collect from their own observations as many as four cases of lupus in which the patients had subsequently succumbed to any form of internal tuberculosis." These are strong statements to make, and coming from so careful an observer can not fail to attract much attention. It is to be hoped, therefore, that in one of the lectures which are to follow he will give us his own experience as to the number of cases in which he has observed cancer associated with lupus. The number of cases on record is certainly not very great, and there is a remarkable paucity of cases in English literature, most of them having been reported from France or Germany. With regard to the association of lupus and phthisis, Besnier observed it eight times in thirty-eight cases of lupus, that is, over twenty percent. No doubt further observations are desirable on this point, but we must look for them among physicians who see much of phthisis, rather than from dermatologists, as when phthisis has set in the lupus becomes a matter of secondary importnace. Even as regards the family history, Mr. Hutchinson tells us that statistical proofs fall far short of our general impressions as to the frequency of the connection, but that it is otherwise as regards lupus erythema-

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tosus; but on this head he promises us further information. Statistics which are to upset so completely the general opinion held on this subject, will be awaited with interest. It is clear, therefore, that Mr. Hutchinson's views are not yet materially altered by any facts furnished by the effect of Koch's injection, though he admits that further knowledge of it may compel such an alteration. He concludes his lecture by saying that, seeing that a considerable group of maladies are inseparably "associated together in the lupus family, it is probably that one and all should be regarded as forms of chronic infective inflammation deriving peculiarities from the proclivities of the individual attacked and not from specific elements of contagion." Whether we agree with Mr. Hutchinson or not, it is instructive to note that there are still two sides to the question, and although the influence of Koch's fluid lends a strong support to the bacillary theory, our experience of it is at present far too limited to found any pathologicolly strong argument upon it. Already we hear of other diseases, such as leprosy, showing decided reactions after injections, and Koch himself is of opinion that it is not so much a bacillus destroyer as a destroyer of a certain illformed tissues in which the bacillus resides, and if other similiar tissues, due to the action of other bacilli, break down after injections of the fluid, its diagnostic value is *pro tanto* diminished, and we shall still have to discuss the origin and nature of lupus on the other and older grounds. Many of the mooted points might be cleared up by collective investigation. If, for example, each of the members of the Dermatological Society would carefully inquire into the family history and note the complications of every case of lupus vulgaris and erythematosus which came before them, and contribute them to either the secretaries or any one appointed by the Society, a sufficient number of cases to afford really reliable data would soon be collected. Common as lupus is supposed to be, its frequency is overrated on account of the chronicity of the disease and the way in which patients wander from one hospital to another. Some means, therefore, to prevent the record of a case several times over would have to be adopted. Again, the registrars of consumption hospitals might be applied to to furnish the cases of phthisis and lupus which have occurred during, say, ten years; and, conversely, they might well inquire whether in any of the relatives of phthisical patients cases of lupus or other form of local disease of supposed tubercular orgin existed. Investigations on these and similar lines would settle this much-vexed question in a way that would be found impossible by any individual observer.—*London Lancet.*

Tonic Reconstituents.—Prof. A. Lataud, in the *Southern Cal. Practitioner*, says: "A vast amount of energy has been expended during the last twenty years or so, in order to turn the discoveries of Pasteur and other laborers in the same field, to useful account in the treatment as well as in the prevention of disease. The ultimate result has been to show that diseases associated with the presence of a microorganism owe their virulence and gain an entry into the system in consequence of the inability of the tissues to resist the attack. This failure to resist invading bacilli is attributed to a lack of vitality, a depreciation of the normal standard of health, consequent on malnutrition. The fundamental basis of all rational therapeutics must therefore be to restore the tone and reinforce the power of resistance of the tissues. The organism must be placed in a condition, not only to provide for daily

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needs and to resist the vicissitudes of temperature, humidity, etc., but to enable it to resist the attack of the enemies in the form of the pathogenic microbes which lie in wait for victims. It is above all, necessary to prevent that devitalization of the tissues which renders them an easy prey to the marauding bacillus. Hence the efforts of therapeutists of all nationalities have been directed to the discovery and perfection of tonic and reconstituent preparations. Among these remedies, and occupying by common consent the first rank, is one, the origin of which it may be interesting to trace. The drug in question is, of course, coca, which, under the designation of erythroxylon coca, was first introduced into European therapeutics by Mariani in 1863. We have specified *European* therapeutics simply because, as a matter of history, the virtues of this particular plant have been known and appreciated in South America for centuries, and the Spanish invaders promptly became familiar with them on their arrival. When Pizarro demolished the empire of the Incas, the *cocales* in which the coca plant was cultivated were the exclusive property of the nobles and the priests, who alone possessed the right to grow this valuable plant. The Spanish invaders, indeed, reckoned the coca plant as one of their valuable acquisitions in the New World, and Garcilazos de la Vega relates that taxes were levied in coca leaves, and it was in this form that tithes were paid to the bishops and monks of the Cathedral of Cuzco. In 1781, at the siege of Paz, which involved a struggle extending over several months between the Peruvians and the Spaniards, the mortality was terrible, and it was noted as a remarkable fact that the only persons to escape were the Indians, who were provided with an ample supply of coca leaves. These Indians, when undertaking their long journeys, can, *a la rigueur*, dispense with food for relatively long periods of time but they cannot do without their coca. The habit of chewing the leaves is as common among the Indians as that of smoking among ourselves, but there is this great difference, that while one is a decidedly pernicious habit, the other is as markedly beneficial. Mantegezzi considers coca to belong to the class of "nerve foods," at the same time regulating and re-inforcing the action of the heart. Prof. Gubler, who took up the study of the pharmacology of the coca plant at the same time as Mariani in 1863, is of opinion that coca confers a potential energy on the nervous system, partaking of the nature of a fulminate, but with this difference, that this provision of energy is expended little by little instead of all at once. According to other observers, the anæsthetic properties of the plant, which are well marked on the mucous membrane of the mouth, extend to the stomach, and thus the sensation of hunger is abolished. Now that more recent researches have placed the physiological and therapeutical properties of the plant on a sound and scientific basis, these theories have become established facts. Coca acts in two ways: First, by imparting a tonic principle to the nervous system (Gubler), and, secondly, by *anæsthetising* the mucous membrane of the stomach. We are enabled in this way to explain the remarkable properties of erythroxylon coca, not only as a nutritive and reconstituent agent, but also as an anæsthetic of the mucous membranes. When M. Mariani first brought this drug to the notice of the medical profession, the market was promptly invaded by a host of remedies said to possess reconstituent and revitalizing properties, but these were for the most part more remarkable for their irritating effects on the mucous lining of the stomach than for any therapeutic influence. When Mariani

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completed his first series of experiments, now more than twenty-five years since, he particularly insisted on the fact that coca possessed not only the stimulating and dynamic properties of the cinchonas, but that it also acted as a direct sedative in dyspepsia. The success which followed the use of his Vin Mariani in all affections of the stomach of which pain was a prominent symptom, has since amply confirmed the accuracy of his earlier observations. While other tonics are found to produce constipation, and, moreover, badly borne by dyspeptics, Mariani Wine proved eminently successful in all cases in which the stomach was irritated or inflamed. This naturally led to its being looked upon as a specific in many cases of dyspepsia and in the treatment of the incoercible vomiting of pregnancy. These results appear simple and logical enough now that we are acquainted with the sedative and analgesic properties of coca, but twenty years ago they were merely the result of clinical observation. This fact has seemed to justify an allusion to the patient research, which had for result to discover the sedative action of coca and which paved the way to the discovery of cocaine, that most valuable and important of alkaloids. In every case it has now been conclusively shown that Vin Mariani is not a medicated wine of the ordinary kind, having for effect to tickle the palate of the patient and to afford a passing stimulus in virtue of the alcohol it contains. Coca possesses in minor degree it is true, but nevertheless does actually possess, the analgesic properties of the alkaloid cocaine. Brought into direct contact with the irritated and inflamed gastric mucosa it exerts its double action as stimulant and sedative. It increases the activity of the mucous and peptic glands; it facilitates the various chemical changes necessary to the assimilation of food and, at the same time, in virtue of its sedative effect, it subjugates the pain which is so common a symptom in indigestion. Coca Wine, therefore, is admirably adapted for the use of dyspeptics, as well as of anæmic and debilitated persons. It is, however more particularly indicated in that numerous category of sufferers from laryngeal phthisis associated with dysphagia. These unfortunate persons suffer untold pangs in consequence of their inability to perform the indispensable act of deglutition. Vin Mariani lends itself, as no other remedy does, to the relief of these distressing symptoms, for it not only gives a temporary staying power to the organism, but by rendering possible the ingestion of solid food, it permits of a more durable amelioration. This fact has been insisted upon by one of the most distinguished French laryngologists, Dr. Ch. Favel. We would therefore venture to recommend persons in whom deglutition is difficult or impossible, to take one or two tablespoonfuls of Coca Wine just before attempting the ingestion of food. The same advice may be given to those in whom the acts of swallowing is painful, whether this be due to an organic affection of the œsophagus or to a similar lesion in the stomach. By this means the existence of patients afflicted with cancer may be prolonged and rendered comparatively comfortable. It is obvious, after what has been said, that Vin Mariani is not only the first and most powerful of reconstituent preparations, but that it also possesses special therapeutical properties, which render its use of benefit in all cases of dyspepsia and anæmia and in the various diatheses.

Although no specific germ of infection has yet been definitely found, there is abundant reason for suspecting the existence of such a germ, and for considering acute rheumatism as an infectious disease.

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Studies on the Influenza as Occurring in Russia.—Under instructions from the French Minister de l'Instruction publique, Professor M. J. Teissier, of the Lyons Faculty of Medicine, has collected a number of documents and writings upon the late epidemics of influenza, or grippe, as observed in Russia, and has published a *resume* of his report in the January number of the *Annales a Hygiene publique.* The *Revue Scientificque* of April 11, also contains a synopsis of these reports, official and otherwise, of much interest from the many facts brought together and the hypotheses regarding the etiology of the at present widely prevailing, yet still unknown, disease. It may be said that the two opposing views regarding the etiology of influenza—one in favor of purely physical causes, meteorological, the other a bacterial—are both seemingly based upon good grounds. Yet those believing in a primary bacterial cause can reasonably and analogously explain the ordinarily observed tracks of the disease, even though there are instances of ships far at sea taking the epidemic disease by the communication of ordinary intercourse; and the wide stretches or jumps occurring are not inconsistent with the known facts of germ transmission in air-currents, the wafting of organisms over wide areas of sea and land having been observed since the time of Ehrenberg. When we see so much written upon the diplococci, the streptococci, and the pus organisms, in connection with influenza, and with so much vulnerable method and report, one gains very little that is original, for these organisms can be found in the majority of cases of disease of the lungs and air passages, and even inthe comparatively well. Besides, streptococci means nothing more definite than small cocci in chains, which may be variations of organism according to environment; or, according to Klein, any one of the seven or eight varieties he has apparently isolated in his recent studies on the exanthematous fevers in connection with such diseases as foot and mouth disease and diphtheria in cows and cats. Klein believes that eventually we will be able to differentiate the streptococci, and that varieties of this organism will be found to be the cause of scarlatina, variola, and the simpler forms of exanthematous fevers. It would seem to be highly probable that the primary cause of influenza or grippe is an as yet unknown obligate parasite—obligate in the sense of not having been cultivated outside the human body—apparently needing the influence of meteorological changes and conditions for its potential development. In conjunction and mutual reaction with it is observed unusual malignancy of several of the commonly known organisms ordinarily infesting the mouth and air passages and which multiply disastrously in the various structures of the body on these occasions. On this hypothesis the diverse symptomatology of the disease becomes at least clearer, and the following notes furnish much affirmative evidence.

In the Russian very widely spread epidemics of 1889-90 there was observed no great difference from former great epidemics, though some observers state that there was somewhat less malignancy than in the epidemic of 1847, in which were very many cases of cerebro-spinal meningitis complication. If there were any doubts in diagnosis it was only in the first days of the epidemic, at which time many cases were of the nervous form, but shortly the medical faculty pronounced it "LaGrippe." Some eminent men make the distinction and say there is no identity between grippe and influenza and some other infectious diseases. And

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again, in certain countries there is some confusion owing to the contemporaneous existence of dengue. MM. Herman and Kuznetzow speak of a certain resemblance between dengue, as observed in 1889 in Syria, Turkey, and the Isle of Greece, and grippe, both in its mode of propagation and its manifestations. Like grippe, dengue suddenly attacks whole communities—in Smyrna thirty thousand in a few days; it begins with great heat, head symptoms, nausea, vomiting and violent general pains, and declines in three or four days by lowering of temperature and abundant perspiration. The difference, however, is marked by the, in dengue, joint pains, knees particularly, and an eruption, either scarlatiniform or rubeoloid, and desquamation. But in some rare cases of grippe pains in joints and knees and the scarlatiniform eruption are noticed. The essential distinction, however, in the two diseases consists in the difference of the means of propagation, the grippe invading cold countries and dengue tropical and sub-tropical countries. The contagiousness of dengue is not of diagnostic value according to the above observers, they being believers in the probable contagiousness of grippe or influenza.

M. Herman, of St. Petersburg, reports the grippe of 1889 as coming from Siberia, as on previous occasions. Professor Jansen thinks the evidence as to this incomplete. M. Heyfelder believes it came from Bokhara, the first case being observed there in May, and then travelled westward into Russia in Europe along the new railways. He reports cases among employees of the government railways, characterized by all the well-known symptoms, some accentuated by intensity of nerve phenomena, delirum, depression, nausea, and offensive prespiration. As early as June half of the population had been attacked. Among the complications observed in Bokhara were hemorrhages and such severe purging and spasm as to simulate cholera Asiaticus. Heyfelder, observing similar cases in St. Petersburg, affirmed their identity, and notes also the limited number of catarrahal phenomena in the Bokhara cases. He cites the appearance of the epidemic at Viatka by October 1st, at Tomsk, October 16th, where it was known as "Siberian fever." It was then reported along all the post towns and stations in its extension westward to St. Petersburg. All of these Russian accounts are highly interesting, in that the epidemic is fully and accurately observed in its appearance, rapidity of diffusion, and general notable tendencies. There is a concurrence as to its origion in Asia in the early summer of 1889, and by September it prevailed in St. Petersburg and Moscow. It is also asserted that sporadic cases prevailed in lower European Russia in April of the same year(?). The official documents are in accord in recognizing the endemic character of "la grippe, or influenza," in Russia. The reports of departmental medical officers, to the Minister of the Interior state the existence, in 1886, of 52,570 cases of grippe, and in 1887, of 43,943. From the sanitary statistics of the St. Petersburg & Varsovie railway for the years 1885-1888, it is shown that fifty per cent. of the cases of illness among their employees (who are particularly exposed to the influences of contagion) were due to grippe. These facts go far toward establishing the contagiousness of the disease. Thus it appears that grippe, or influenza, has long been an endemic disease in Russia and countries under her control. "Siberian fever," "Mal Russe," etc., are names common for it in those countries. M. Lipski argues that purely physical causes play an important role in the rapidity of its propagation, and mainly great temperature variations

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and the direction of the winds. In most epidemics it has been observed that great pertubtaions of weather have preceded them. Impure water supplies and the presence in the atmosphere of unusual forms of micro-organisms of a pathogenic character are dwelt upon. A series of low barometric pressures, with cold, has marked the commencement of many epidemics; yet exceptional instances are known in which the reverse conditions prevailed, but with an influence on the mortality rate of a favorable nature. Low pressure with persistent abnormal temperature and great humidity have been noted. Cessation of epidemics has always occurred with the advent of snow in the regular seasonal change, in which French observers concur. Studying the bearing of the water supply of cities and towns affected some remarkable facts are brought out. The water of the Neva contained, in November, 1889, 15.50 parts per 100,000 of organic matter, in place of 10 parts per 100,000 in September. In Varsovie the water of the Vistula contained twenty-one millions of bacteria per litre during the October preceding the epidemic, the figures declining to 1,008,000 per litre in November, and still less with the cessation of the disease in December. Further the analysis of the waters did not establish any noteworthy facts.

According to the minute researches of M. Baboukhine, relative to the air of the Moscow hospitals and the water supply of the city, he demonstrated, in 1889, the unusual presence of the streptococcus of erysipelas, also numbers of usually absent colonies of bacteria. In 1888 and 1890 he observed no such peculiarities, and the singular fact of such concomitant conditions in 1889 is remarkable. His methods of procedure and analysis were uniform for the three years. M. Teissier believes that impure water is an etiological factor of importance in influenza, noting the quarter of St. Petersburg where the supply is poorest—a water rich in bacteria, though otherwise the hygiene is fairly good—influenza always appears first. In Moscow and Varsovie similar facts are brought out, the poorer inhabitants along the river bank being the chief and worst sufferers. In the house of the French Consulate in Varsovie, situated in the midst of the epidemic area, no cases occurred, the water supply being pure and the same as supplied Gatchina, where no influenza existed until the arrival of a case from St. Petersburg, a perfect example of infection of a whole community by a single case At Moscow, a mill employing two hundred hands had only a few and mild cases, the water supply being from deep artesian wells, whereas in a similarly situated mill using the common city supply of water the epidemic had full sway. The workmen in both mills were living in similar unhygienic surroundings in their homes, the only difference being in the water supply. In the province of Kiew, M. Losch finds the first cases among the inhabitants of the low-lying river banks of the Dnieper. Two questions or propositions stand out clearly from these Russian accounts—the apparent means of propagation and diffusion of the disease and the relation or connection with other infectious diseases.

Most Russian medical men are disposed to admit the contagiousness of influenza from the number of highly attesting facts they can adduce. At the Wurtzburg clinic, cited by Leube, the entrance of a single case infected a whole ward; and at Kharkoff, M.M. Herman and Kuznetzow report many examples. Zdekauer narrates that at Gatchina, where not one case had yet been known, a high military

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personage arriving was the same evening in his bed with severe influenza, and from that day all his suite and attendants gradually became ill, as well as the military men who came to advise with him. M. Jansen's writings seem to establish the contagious character of the disease, as well as its mode of propagation and diffusion by the ordinary methods of communication by sea and land, and from the secondary points of departure, latterly from the common great track of the epidemic. From St. Petersburg and Moscow it rapidly went to Odessa, Varsovie, and Stockholm—all cities in direct communication with the capital and Moscow. In less than a week it appeared in Berlin and Paris, and from Stockholm to Christiana it required a month; rapid communication in the first place, a mountain barrier to overcome in the second. Once established in Berlin, Paris and Vienna, it spread from those centres, like rays, in all directions. In early January, 1890, the highest mortality centres were in Paris, Kiel, and Vienna; a week later they had moved to the great centres of population of Great Brittian, France, Spain and Austria. During the epidemic in St. Petersburg and Varsovie, other infectious diseases were nearly unknown. At Moscow, however, scarlatina and the other exanthems gained increase intensity and virulence. Erysipelas seemed to become almost epidemic at many points concurring with the reports from France. This is not simply a coincidence, but quite in accordance with observed facts in connection with bacterial infective diseases. The official commission appointed for the purpose of studying the possible relation of cholera and influenza epidemics to each other concluded that there were no grounds justifying such a belief; and independently other observers, notably Smolenski, reached similiar conclusions. The question was brought up in view of the facts observed in 1847, 1851, 1856, on which occasions epidemics of cholerine regularly followed grippe. Smolenski showed that for six hundred and fifty years influenza could not be the precursor of cholera in Europe, since the latter disease was unknown for that time. In a number of years influenza and cholera were coincident, either preceeding or following, oftener cholera following. From 1838-1845 there was a number of influenza epidemics and no cholera, and from 1869-1875 epidemics of cholera and no influenza. The great Aziatic cholera incursions or invasions of Europe of the years 1829, 1830, 1852 and 1856 were not preceeded by influenza.

Quoting Smolenski still, the fear of cholera in 1890 was due to its existence in Persia and Mesopotamia in July, 1889. Cholera has appeared in Europe six times; in 1823, from Persia; 1829, from Turkestan; 1830, 1846, and 1852, from Persia; 1859; and in 1865 and 1884 by the Mediterranean ports. Each time, excepting only the first, these epidemics continued several years, and spread over Europe. Since 1883 Russia is in fear of cholera from both the east and west, and excepting the slight epidemic at Vladivostock, has thus far escaped. For thirty-seven years, however, the disease has not entered Europe from Persia. Most authorities confirm Gluge, who wrote in 1837 that cholera following influenza in 1830 was simply a coincidence.

If the pathogenic elements of grippe, or influenza, have not yet been isolated their existence is not left in much doubt. On the whole it is considered as demonstrated by these collected reports that the micro-organism of the disease is added to or associated with secondary parastic elements, such as the streptococci, staphylococci, and pneumonia organisms, and which gives to the disorder its clinical forms

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and characteristics, and determines its diverse localizations and regional types. These secondary elements are of such importance as to dominate the symptomatology, and hence suggest precautionary means that may prevent or allevate the intensity of the disease and obviate further complications. Phlegmonous inflammations, erysipelas, and pneumonias are intensified; hence, as a result of commonly observed bacteria becoming augmented to a dangerous pathogenesis by the "intoxication grippale." It is believed that upon the appearance of grippe unusual measures of public and private hygiene should be undertaken. The water and food supplies, the drainage, sewage, clothing and disinfection, general and personal, should all be attended to. Daily cleansing of the mouth and throat with a disinfectant lotion would be indicated. The treatment by drugs did not much vary from that of other countries. Comparisons of clinical charts of cases, treated variously by drugs and without, showed no great difference. It was not demonstrated that any substance employed greatly influenced favorably any single feature of the disease. Most commendation and most observers favor sulphate of quinine as a remedy of real importance. Warm and hot baths in the early period of the disease are highly spoken of and, according to M. Manasseine, have an abortive influence.

The following table of drugs used in the empire, furnished by the Pharmacological Society at St. Petersburg, gives the treatment in synopsis:

	Ounces, 1888	Ounces, 1889.
Sulphate of Quinine	2,470	6,185
Chlorohydrate of Quinine	1,016	2,178
Antipyrine	1,223	2,490
Phenacetine	330	487
Antifebrine	670	1,840

—*Medical Record.*

Gynæcology; What Experience Teaches one to Unlearn.—One of the most respected gynæcologists of this country, Prof. William Goodell, in the *University Medical Magazine*, has recently stated that "every earnest worker in any field of the inexact sciences finds himself compelled to unlearn as well as to learn," and on this basis he communicates a sketch of a number of things, chiefly traditional teachings, which he has himself, in his own experience, learned to unlearn. His summary, of course, relates to the special branch of which he has been a distinguished teacher and practitioner; but many a general practitioner, if he were as honest and candid, could teach his professional brethren similar lessons. Among other things cited by him are the following: He has learned to unlearn the grand-motherly belief that the climacteric is in itself an entity, and that, as such, it is responsible for most of the ills of matronhood, and especially for that of menorrhagia. He has learned to unlearn that anteflexion and anteversion in themselves—that is to say, as displacements merely and without narrowing of the uterine canal—are necessarily pathalogical conditions of the womb. He has long since abandoned the idea cherished by that class of waistless and witless nurses, now happily obsolescent, that the parturient woman is to be swathed like a mummy and to be kept as immovable. He expresses his disbelief that mammary abscess comes from "caked" breasts, or from breasts overdistended from a secretion of milk too great for the infant's needs. Mammary abscess, in the suckling woman, comes, in his opinion, from cracked nipples, and from cracked nipples alone. He has wholly freed himself from the

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belief that cellulitis is at the bottom of most female ailments, and that the hot water douche is its cure-all. He has learned to unlearn the teaching that woman must not be subjected to a surgical operation during her monthly flux. Our forefathers, from time immemorial, have thought and taught that the presence of a menstruating woman would pollute solemn religious rites, would sour milk, spoil the fermentation in wine-vats, and much other mischief in a general way. Influenced by hoary tradition, modern physicians very generally postpone all operative treatment until the flow has ceased. But why this delay, if time is precious and it enters as an important factor in the case?

Long ago he came to the conclusion that the womb, like the nose, has its own secretions; and that, because the cervical canal is stopped up with mucus, it is not to be treated any more harshly than a stopped-up nose. This nasal analogy led him soon to think than even uterine catarrhs are not of such paramount importance as to merit heroic treatment, and that metritis and endometritis, in so far as symptoms are concerned, are often idle words. He has learned to unlearn the idea —and this was the hardest task of all—that uterine symptoms are not always present in cases of uterine diseases; or that, when present, they necessarily come from the uterine disease. Seemingly urgent uterine symptoms may be merely nerve-counterfeits of uterine disease. He has, therefore, long since given up the belief which, with many, amounts to a creed, that the womb is at the bottom of nearly every female ailment. As an outcome of much that he has learned to unlearn, Prof. Goodell has arrived at this very short gynæcological creed: "I believe that the physician who recognizes the complexity of woman's nervous organization, and appreciates its tyranny, will touch her well-being at more points and with a keener perception of its wants, than the one who holds the opinion that woman is woman because she has a womb."—*College and Clinical Record.*

Treatment in Convulsions in Children.—In a case of convulsions in a child, if the patient is cyanotic, a few whiffs of amyl nitrite, followed by inhalations of chloroform to relax spasm, should be given. These should be followed as soon as possible by hypodermic injection of tincture of veratrum viride, one-half drop for each year of age up to six years. The veratrum may be repeated in half an hour or an hour, if the convulsions recur. If the convulsions are uræmic, a small dose of morphine may be added or given separately. In all the cases in which I have employed the foregoing treatment the effect was remarkably good, and in but one case have I had to repeat the injection of veratrum. The convulsions cease, the muscles relax, the pulse becomes slower, the temperature falls, and the skin becomes moist. Indeed the danger is over in less time than by any other means I have seen employed. Appropriate after treatment, as may be indicated, should, of course, be adopted.—*Medical News.*

The World's Fair Officials who have been on the sick list are recovering. Director General Davis and President Palmer, both of whom have been laid up with a severe attack of the grip, have gone to Florida for a few weeks it the hope of more speedy recuperation. Vice-Chairman McKenzie, too, has been quiet ill, and has gone to his home in Kentucky, not expecting to be able to resume his duties for some weeks. Arrangements have been made whereby the exposition work will not be seriously delayed by the absence of these officials.

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MATERIA-MEDICA

Sal-Bromalide (Salicylbrom-anilide).—*Frank Woodbury, A. M. M. D.*—It is unfortunate that the chemical titles of the newly introduced remedies belonging to the aromatic series are so long and involved as to preclude their use in medicine, or, at least, in clinical medicine; what would be gained in exactness of terminology and scientific accuracy by their employment would be lost in convenience. In fact, if many of them were only known under their scientific title, they would never have have gained a foothold in practical medcine. If antipyrin had been introduced simply as di-methyl-oxy-quinizine, who would doubt that its annual consumption would now be confined to ounces instead of tons as at present? We doubt if there are many physicians who would prescribe sulphonal under the name of diethyl-sulphon-dimethyl-methane, or kairine as oxy-ethyl-chinoline-hydride hydrochlorate. It has thus become absolutely necessary to adopt short titles that may be sufficiently descriptive and characteristic to enable them to be applied without error. In fact, this had already been done in the case of salicylic acid (trichloracetyl hydride, or trichloraldehyde), and in many other instances. Taking a hint from chloral, which combines the first syllables of its constituents, chlorine and alcohol, I have taken the first syllable and the final one of the full title of a new drug which appeared last year, salicyl bromanilide, and made of it the shorter and more euphonious name of salbromalide, which has less of learned length and thundering sound, and is easily understood by the pharmacists when found in prescriptions. Having had several months experience in the use of this new compound, perhaps a general summary of my observations might have some interest to others who are using it. For those who have not yet acquainted themselves with this recent addition to our already somewhat overburdened armamentarium, a few words of description are necessary. Dr. S. Radlauer, of Berlin, some six months or more ago, brought to the notice of the profession a derivative of acetanilide, or rather a combination of two derivatives of acetanilide, *i. e.*, salicylanilide and bromanilid, the formula being $C_6 H_5 N H [C_6 H_4 (OH) (CO)] + C H_4 Br. NHCH, CO.$) It has been found, as might be inferred from its composition, an antiseptic, antipyretic, antineuralgic, and hypnotic. On account of its sedative and hypnotic influence, it was originally called by its introducer "antinervin," which is very objectionable, and one that would not, in my mind, commend itself to the profession. It will be more appropriate to call it salbromalide, as suggested at the beginning of this communication. Sal-bromalide is in the form of a white, crystalline, granular powder, without odor, and almost tastless. It is soluble in ether, alcohol, and hot water and very slightly soluble in cold water, to which it imparts an acid reaction. It is much more soluble in water slightly acidulated with hydrochloric acid, or in dilute solution of caustic potassa. It is an antiferment and deodorizer. In support of this I would cite the following experiment. Some stale urine in a specific-gravity glass in my office was found to be decidedly malodorous and thronging with bacteria. The addition of a grain or two of sal-bromalide at once checked putrefaction, and in the course of a few hours had almost completely deodorized the liquid, which by the next day had become clear, the bacteria falling to the bottom of the glass. I have used the remedy clinically (1) to relieve pain, (2) to produce

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sleep, (3) to allay spasmodic cough, (4) to reduce fever, (5) to allay fermentation in infectious dyspepsia. The usual dose is from three to five grains, when the remedy is repeated every few hours; for a single dose eight or ten grains may be given. I have usually prescribed it alone, as it is not unpleasant to the taste, but for children I have used with it about one-fifth of its weight of sweet chocolate or Phillips digestible cocoa. Without going into details of cases I would say that for the relief of pain, as in migraine or neuralgia, this agent has proven satisfactory (after removal of any irritating substances from the stomach or bowels, when such were present). In simple neuralgic headache it acts like antipyrin, though requiring only from five to eight grains usually at a dose. The same amount in a number of instances produced natural sleep in patients suffering with insomnia. In one case of spasmodic cough, with an asthmatic element, five grains were given every hour for six hours, and the patient slept all night, though, according to her statement, she had not been able to lie down in bed or to sleep at night for more than a month. I have not had an opportunity of testing it in whooping cough, but from its effects in other forms of spasmodic cough I feel satisfied that it will at least control the paroxysms. In fever attending the grippe, sal-bromalide acts promptly and ameliorates the other symptoms—muscle pains, headache, backache, etc. In other febrile conditions, I have not yet compared observations with other antipyretics, but observe that it quiets restlessness and favors repose. Possibly in larger doses than I have yet given it, sal-bromalide may be as efficient as the other antipyretics of its class. It agrees well with the stomach and checks fermentation, though not so promptly as some other antiseptics.

Thus far I have not observed any ill effects, either in adults or children. Even in cases with dilated and fatty heart, five-grain doses apparently exerted no ill effect, but, on the contrary, produced a good night's rest. As it is excreted principally by the kidneys, it probably exerts an antiseptic effect along the urinary passages, and might be useful in irritable bladder, pyelitis, pyuria, gleet, etc. It has been asserted that it may be administered with good results in diabetes, where it reduces both the proportion of the sugar and the quantity of water. As yet I am not able to confirm this from my own observation, nor have I had an oppurtunity of using it in acute rheumatism, overwhich it is said to exercise remarkable influence, reducing fever, pain, and shortening the course of the disease. In pneumonia it should also be very useful in relieving the irritable cough and reducing the fever temperature. In some patients in Dr. Da Costa's wards in the Pennsylvania Hospital, suffering with typhoid fever, it was found to act well in quieting restlessness and producing sleep. Although it did not have so much effect upon the temperature as phenacetin, yet it did not produce sweating or other disagreeable consequences, as the latter does. Not among the least of the advantages claimed for this salt as a substitute for antipyrin is that it is much cheaper, in fact, about half the price of that much used and much-abused drug.

SAMPLES of Sander & Son's Eucalypi Extract (Eucalyptol) gratis through Dr. Sander, Dillon, Ia. Eucalyptol proper stands foremost as disinfectant and antiseptic. Meyer Bros., Drug Co., St. Louis, Mo., sole agents. Look for the genuine product.

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The Shurly-Gibbes Formula for Pulmonary Consumption.—There are numerous formulæ which investigators, inspired by Koch's discoveries, have recently tested the virtue of in pulmonary consumption. Among these it may be judiciously claimed that the utility of several, which at first proved promising, has failed to be demonstrated by experiment. The following should be regarded as still *sub judice:* Koch's Tuberculine, Liebrich's Cantharidinate of Potash, the transfusion of the arterial blood of the goat into the veins of the tuberculous patient as suggested by Dr. Bernheim, the injection of the serum of dog's blood as suggested by MM. Hericourt and Richet, the sub-cutaneous administration of gold and manganese commended by Prof. J. B. White, Dr. Roussel's treatment by injection of aromatic vegetable essences or perfumes. These have been tried, and the verdict at present is that they have been found wanting in anticipated specific therapeutic effect. The most promising method is now considered to be the injection of chemically pure iodine and chloride of gold and sodium, in connection with the inhalation of chlorine gas, as commended by Dr. E. L. Shurley, Professor of Clinical Medicine and Larynology, Detroit College of Medicine, and Dr. Heneage Gibbes, Professor of Pathology, University of Michigan. It is vitally essential to the proper employment of these agents that the necessary solutions should be absolutely pure and of uniform quality. Messrs. Parke, Davis & Co. announce that, at the request of Dr. Shurly, they have prepared solutions of chemically pure iodine and chloride of gold and sodium, which are put up in one ounce bottles, and will furnish physisians with clinical reports embracing the method of using these remedies.

Sulpho-Saline continues to grow in popularity and is now firmly established in the front rank of Mineral Waters as a mild sure laxative. An appetizing morning drink, combining a mild laxitive with a moderate diuretic effect has been dreamed of, but never became a reality until Sulpho-Saline was placed before the public. This water is a mild saline aperient, delightful and refreshing, and gives the relief sought by thousands of persons who wake in the morning with a dry throat and offensive breath, and is a revelation to those who have felt compelled to overcome their dislike to the flat, " sickish " taste of the purgative waters formerly used. The saline properties stimulate the flow of gastric juice and the fetid mucous which has collected during the night is cleansed from the stomach and a good appetite and improved digestion are the results. In days gone by, a cocktail was essentail to " taper off " the morning " after." The fashion has been rapidly changed, and minerals waters have been substituted with excellent effect, as every one of experience knows; in this especial field of duty, nothing affords such grateful relief as a before breakfast drink of Sulpho-Saline. Being a mild aperient which assists nature, and not an active purgative, once used it soon becomes a favorite morning beverage. Continued use of Sulpho-Saline will prove beneficial in constipation, biliousness and all diseases caused by a torpid liver.

Imperial Granum, the invaluable food for children and invalids, is in constant use in the hospital, and has shown its superior value many times. Thousands have been helped back to strength by the support rendered by this easily digested and palatable food.—*The Cottager*, Mass. State Hospital Cottage for Children, Aug.,'89.

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— Materia Medica and Therapeutics, Dr. Mitchell Bruce.

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— Eustace Smith, M.D., F.R.C.S.

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News and Miscellany

McINTOSH BATTERIES are in use in the Ensworth Hospital, this city, and are giving excellent satisfaction.

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FATHERS, mothers, and guardians, having sons and wards to educate, can make no mistake in sending them to the St. Joseph Commercial College of the Christian Brothers.

SUBINVOLUTION FOLLOWING ABORTION.—By R. N. Cresap, M. D., Kansas City, Mo. I have used "Dioviburnia" in several cases of subinvolution following abortion with the happiest results.

CHOOSING A CHARACTER.—Wee Miss—Mamma, mayn't I take the part of a milk-maid at the fancy ball? Mamma—You are too little. Wee Miss—Well, I can be a condensed milkmaid.—*Good News.*

IN the past four or five years of my practice, I have found Peacock's Bromides a most excellent preparation, used it with success in cases of spasms, nervousness etc., It is an excellent remedy for headache. R. Robbins M. D., Hartford, Kans.

MAYSVILLE, Mo, April 26, 1891. EDITORS MEDICAL HERALD. I have lately purchased a Harvard Chair, and would be glad to have you tell your readers how perfectly it works. I consider it the very best chair in the market. Yours,

J. A. McKINNON, M. D.

THE ST. CHARLES HOTEL has changed hands, and has been refitted and refurnished throughout. Messrs. Hunter & Boon, the new proprietors, are both practical men, and we predict a successful career. In the future, Doctor, you can count on a square meal and courteous treatment at the St. Charles when you visit the city.

O'FALLON, Mo., Jan. 5, 1891. ANTIKAMNIA CHEMICAL CO., St. Louis, Mo. GENTLEMEN: The Antikamnia came to hand all right. I use it to control the terrible pains of "la grippe," and it does even more than I could expect. I gave it in 5 gr. doses; rendering my patients perfectly quiet and easy, and procuring them a good night's rest. Respectfully, HY. LINDSAY, M. D.

IN the treatment of la grippe, I have secured the greatest relief from ten grain doses of Acetanilid every hour, until thirty grains were taken, then in smaller doses continued thereafter at intervals sufficient to command the pain, accompanied with Liq.-Tong.-Sal., or Tongaline (Mellier), as a stimulator of the excretory organs, and an anti-rheumatic remedy as well. I. N. LOVE, M. D., St. Louis.

THE McDONNALD SURGICAL CHAIR is fast gaining popularity among gynecologists, and well it deserves it. This chair is the one selected as the MEDICAL HERALD prize, awarded this year to Dr. Joseph M. Hale (now of Plattsburg, Mo.), for best clinical reports in the Ensworth Medical College Class. In a recent letter from the Doctor, he expresses himself as being very highly pleased with the McDannold Chair, and says its simplicity and ease of adjustment impresses everyone who examines it.

W. R. WARNER & Co. are evidently determined to keep in the van of therapeutic remedies. "Antalgic Saline" appeals to us today for recognition as a remedy for the relief of "headache," also for influenza and neuralgia, and as an antidote of la grippe they issue the "Pil Chalybeate Compound." Composition carb. protoxide of iron, grs., 2½. Ext. nuc. vom., gr., ⅛. Sig.: One pill every four hours and increase to two pills three times a day. Antalgic Saline, one dessertspoonful every four or five hours till relieved, for headache. The same mode of administration precedes that of the chalybeate pills for la grippe.—*Weekly Medical Review.*

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NEW AND OLD CURES FOR CONSUMPTION is the title of an interesting article on page 1, which at the present time is quite apropos. Do not fail to peruse it.

ST. JACOB'S OIL. Gum camphor, 1 oz.; chloral hydrate, 1 oz.; chloroform 1 oz.; sulph. ether, 1 oz.; tinct. opium, ½ oz.; oil origanum, ½ oz.; oil sassafras, ½ oz.; alcohol, ½ gal.—*Medical World.*

EDITOR OF AGRICULTURAL PAPER. "Look here, here's a man who asks the silliest questions!" *Assistant:* "How's that?" *Editor:* "Why, he asks me the best way to cure hams, and doesn't state what's the matter with them."—*Lawrence American.*

NEW SYDENHAM SOCIETY'S Lexicon of Medicine and the Allied Sciences. By Henry Power, M. B., London; The new Sydenham Society.—This is the most complete and valuable lexicon of medical terms ever published. It is a very extensive work, consisting of six to eight large volums. It is issued in parts, the first part appearing in 1883, the latest in 1889. The latest issue is part xvi.. from Lin, to Mas., in which the word-symbol "Listerine" is thus defined: Listerine—A solution containing the antiseptic constitnents of thyme, eucalyptus, baptisia, gaultheria, and mentha arvensis, with two grains os benzo-boracic acid in each drachm. It is recommended by J. Lewis Smith as a preventive and antidote of scarlet fever, in doses of a teaspoonful, for an adult, every three or four hours.

ANOTHER OFFER. There has appeared in the various medical journals for the last few months an offer for a trial quantity of our Friable Pills at greatly reduced prices. This offer has been taken advantage of by many thousands of physicians and so far as we know with uniform satisfaction. We find that we have been enabled in this way to reach many practitioners residing in small towns where it was impossible to send a representative. The results of this offer have been so satisfactory to us that we propose to make one even more liberal to the purchaser who is not familiar with our goods. With the understanding, however, that this offer does not hold good to any party who has accepted the offer previously made, nor for a second order from the same party. See page 75. UPJOHN PILL & GRANULE CO.

DREAMLESS SLEEP.—About eighteen months ago a friend of mine from America told me of the wonderful effects of a medicine, much used in the States, called Bromidia, which is a combination of Chloral, Bromide Potass, Cannabis Indica and Hyoscyamus. I obtained some, and have ordered it regularly for over a year; and have found it excellent in the pain of rheumatism, pneumonia and cancer; also in the sleeplessness of scarlatina and alcoholism. It has never failed me in procuring sleep, without the disagreeable dreams and after effects of opium. The dose is ʒss. to ʒj. every hour till sleep is procured. I have also found it of much service in cases of tonsilitis, used as a gargle with glycerine and carbolic acid. Extract from recent article in *Edinburg Med. Journal*, Vol. XXXI., No. X., by J. LINDSYA PORTEOUS, M. D., F. R. C. S. Ed.

PLACENTA PRÆVIA—TREATMENT BY ERGOTOLE—In a case of placenta prævia from terrific flooding, when the fluid extract of ergot could not be retained by the stomach, "ergotole"—a most concentrated and efficient preparation of ergot, manufactured by Sharp & Dohme, of Baltimore, Md.—was used with the greatest satisfaction, and I am particularly pleased with it. I administered ten minims hypodermically, and it acted magically. I think that the profession should be made acquainted with its valuable properties, as I consider it the duty of every physician to do all in his power to make known a remedy which he has seen save human lives as the "ergotole" certainly did in this frightful case of flooding. I have used it in other cases when the fluid extract could not be retained by the stomach, and I regard it a most valuable addition to the science of therapeutics. I think no physician should be without "ergotole;" it is the most satisfactory preparation I have every used in a practice of more than forty-two years. WM. E. WYSHAM, Cantonsville, Baltimore County, Md.

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CHEMICAL FOOD is a mixture of phosphoric acid and phosphates, the value of which physicians seemed to have lost sight of to some extent, in the past few years. Robinson-Pettet Co., to whose advertisements on pages 7 and 8 we refer our reader, have placed upon the market a much improved form of this compound, "Robinson's Phosphoric Elixir." Its superiority consists in its uniform composition and high degree of palatability.

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See cut of building on advertising page 19.

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Volume X. Number 7. | ST. JOSEPH, MO., JULY, 1891 | Sample Copies Free. $2 a Year, in Advance.

How Should Girls be Educated?

BY WILLIAM WARREN POTTER, M.D.,

BUFFALO, NEW YORK.

THE ANNIVERSARY ADDRESS OF THE PRESIDENT DELIVERED AT THE EIGHTY-FIFTH ANNUAL MEETING OF THE MEDICAL SOCIETY OF THE STATE OF NEW YORK.

IN the preparation of a dissertation for this occasion, as required by the by-laws, not the least difficult part of the labor proved to be the selection of a subject. In this I presume my experience has not been different from that of the average of mankind, who were similarly conditioned as to a duty to be performed, with a consciousness of unfitness for the task.

Recognizing the fact, however, that these anniversary occasions usually group audiences not entirely composed of physicians, it is presumed that a discourse upon some subject not technically medical in its character would be more likely, than a strictly professional theme, to command attention. I crave your indulgence in an attempt to discuss one that at least has the merit of importance, whatever it may lack in the methods of its presentation.

All problems relating to the prevention of disease are now being recognized, even among the non-medical portion of the community, as of greater importance than those pertaining to cure. The elimination of any factors from our social and educational status that tend to produce or increase those diseases to which women are peculiarly liable, has always an abiding interest for physicians, and any methods which may be proposed for the accomplishment of this end, must ever afford absorbing topics for discussion, whenever they are assembled for the purpose of considering questions which refer to the welfare of the community, having regard for the health, the longevity, and the preservation of the physical and mental vigor of its citizens. But if we expect to succeed in improving the educational and social environment of girls to the end that we may render them mentally and physically

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stronger, we must obtain the co-operation of educators, public-spirited citizens, and especially the mothers of the land.

To all these, then, I appeal, with whatever cogency there is in speech, to unite with us might and main, with purse and influence, with precept and example, in a determined effort to establish society and education upon a healthier basis. It is only by agitation and frequent discussion of the subject that a healthy public sentiment can be created in regard to the errors in the present educational methods, which may ultimately lead to their correction; and I hope, therefore, that I may be able to convince at least some of my auditors that it is their duty, on all suitable occasions, either in public assemblage or in private conversation, to lift up their voices and to speak with no uncertain sound, to the end that the girls and young women of our land may be released from a system that is pernicious in the extreme in its effects upon their future health and happiness.

It must not be forgotten that we are living in an age of advancing intelligence, in which the size of the brain, even in the fetus, has increased; while, on the other hand, the muscular system of woman, and, consequently, her reproductive organs, have become weaker than formerly. To begin with, then, if we would have a healthy race we must have healthy mothers, and if we would have healthy mothers we must seek to lay the foundation for their healthfulness during the period of growth and development—that is, during their first twenty years of life.

A large portion of this time is allotted to what we term the education of our girls, or their intellectual development. A girl is sent to school at five or six, and there remains during nine months of the year, until she reaches the age of seventeen or eighteen years. But the period from ten to sixteen is the special point of time to which I would direct attention, as being the years during which much harm is done to the average American girl by the faulty methods in vogue. By the time she arrives at the age of ten, her mental capacity has reached a point where it begins to receive impressions of a lasting character, and her ambition is now such as to lead her beyond her powers of endurance, if not directed by a careful judgement. Up to this time she has travelled the same pathway as the boy of her age; but now, speaking with reference to her school training, these lines must begin to diverge a little.

The thoughtful mother will recognize that her little daughter will soon reach the age of sexual development in which the periodicity of her being will assert itself in the physiological phenomenon of menstruation, hence she will prepare the way for this change by fortifying all the avenues that tend to promote a good physique. She will attend to nutrition, to physical and mental rest at appropriate intervals, to personal hygiene, and to restraining the emotions; in short, to everything that will store up nerve force and conserve physical strength. Did I say the thoughful mother will do this? How many mothers begin thus early to supervise the methods and habits of life of their daughters, with a view of preparing them properly to undergo the great transmutation that awaits them at puberty?

The years between ten and fourteen are full of import to a girl; during them she lays the foundation of future weal and woe, and I hesitate not to declare that this is a period of infinite responsibility for mothers—perhaps the greatest of any part of the educational life of their girls. And be it understood

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that I habitually refer to education in its broadest sense, and not to mere scholastic acquirements. Many girls begin their new physiological life at the age of twelve, but if they should not do so quite so early, this is still a period when Nature is making preparations for a new existence for the young female, and if her plans are interfered with or thwarted even in their smallest details, years—long sorrowing years, perhaps, of pain, and suffering, and woe—are sacrificed to the shrine of ignorance or wilful neglect. This should be a period of stern tutelage for the young maiden—not in the sense of harshness, but in the fulness of kindheartedness. Her food should be wholesome and partaken of with regularity, and she should be particular trained to the habit of eating a hearty breakfast; she should have fresh air and plenty of it; her hours for sleep should be regular and prolonged; her dress should be plain and strong, that she may not fear to be caught in a shower or climb a fence lest it be soiled or crumpled; and particular attention should be paid to her shoes, the soles of which should be broad enough to rest the entire width of the foot upon, sufficiently thick to furnish good support and not wet easily, the uppers soft and pliant but not too thin, and the heels neither high nor low but of medium height, width,, and thickness,. I lay great stress upon the construction of the shoe. It should not be coarse and heavy, as then it will be a constant source of mental irritation to the wearer; for girls, even at this age, are beginning to take pride in a comely foot, and it is a pride to be fostered with a kindly care. The foot, with a little forethought, can be properly attired, and at the same time be both healthfully and neatly dressed. I take this opportunity to say a word in condemnation of that modern abomination to womanly grace and comfort, the French heel. These heels displace the supporting base of the body by forcing upward the keystone of the arch on which it rests, thereby weakening the whole superstructure. Their injurious effects are by no means confined to the feet, but their baneful influences pervade the whole economy. Time will not permit me to elaborate the subject now, but I may refer to a paper published a few years ago by Dr. Samuel C. Busey, of Washington, in which he says: "The vascular, postural, and nutritive disturbances growing out of the deflection of the skeleton, which I have attempted to show may find their starting-point in too great elevation of the heel, are not necessarily confined to the bladder, uterus, and rectum, All the tissues and organs, the vagina, ovaries, Fallopian tubes, ligaments, and fasciæ, may become involved. Hyperemic conditions, distortions, and displacements, either singly or collectively, may follow in an extended sequence of local and general disorders, but menstrual disturbances and vaginal discharges are probably more common."

At the period under consideration regular sleep should be invoked, for that

"Balm of hurt minds, great Nature's second course,"

is absolutely indispensable to the growing maiden; the skin should be kept in a healthful state through frequent and proper baths; the evacuations of the body should be carefully and regularly promoted, and a thorough personal hygiene maintained. Everything that tends to mental cheerfulness, with a reasonable allowance of gaity and mirth, should be permitted; while grief, anger, and sadness should be restrained or prevented if possible. As the first catamenial epoch approaches, the young girl will experience certain preliminary sensations, new and

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strange to her, yet plainly indicating that she is plainly at the threshold of a new existence which has been wisely created for her by beneficient Nature. Now she will need, more than ever, the timely and kindly counsel and care of her mother, who should simply and plainly explain to her the significance of her feelings, and the event which they foreshadow. Her school work should now be lightened a little, no matter how easily she may seem to carry it on, and some diversion should be planned for her a little out of the ordinary daily routine of life. With the appearance of the first flow absolute mental and physical rest should be enjoined, to the extent of relinquishing all study or fatiguing exercise until the menstrual phenomena cease, and light reading of an attractive and entertaining character, together with passive occupation, may be allowed to take their place. This implies that the girl is not to attend school, nor otherwise to engage in her school work during the few days of the molimen. I would make this an absolute rule during the first periods, or until the function becomes normally established. Afterward, with some girls, one or two days' absence from school during the catamenial period may be sufficient, but, in any event, the amount of school work exacted at that time should be very much less than during other portions of the month; and this rule should be continued forever and aye, during their whole school life.

And this brings us *vis a vis* to the consideration of the present school curriculum, and a critique of the system as it applies to girls. During their years from eight to sixteen or seventeen, girls pass most of their time in the over-crowded and badly ventilated school buildings which are provided by our "splendid common school system;" or they are poring over their books at home, cramming their young brains with problems of algebra or geometry, when they might better cultivate a healthy physique, to enable them to cope with the requirements of every-day life. Or else, if they are in attendance upon one of the fashionable boarding schools or colleges for young women, we find them from early morning until late evening making systematic endeavor to ascertain just how much overwork of mind and body the human female of tender years can endure, without breaking down under the mental and physical strain to which she is being subjected. I will not name any particular school or college, for I wish to criticise without seeming to be personal, but if anyone will take the trouble to investigate the matter it will result, perhaps, in amazement at the amount of work which is daily exacted of pupils in attendance upon any of our so-called female colleges. This is about the average picture: 6:30 o'clock a. m., rising; 7 o'clock a. m., breakfast; 7:30 to 8:45 a. m., Scriptures, chapel, prayers, etc.; 9 a. m. to 12 m., studies and recitations; 12 m. to 1 p. m., dinner and exercise; 1 to 5 p. m., studies, recitations, gymnastics and music; 5 to 6 p. m., relaxation or study; 6 p. m., tea; 6:30 to 8 p. m., studies; 8 to 9 p m., preparation of lessons for next day; 9:30 p. m., Bible reading and to bed.

Thus we find ten hours given to mental occupation or some form of educational duties, eight to sleep, and the remainder of the twenty-four is divided between dressing, meals, exercise, and the preparation of essays or other requirements of the curriculum. Then there are literary societies with their various requirements that must be attended, which absorb much of the time that otherwise could be devoted to recreation. Then, again, the buildings are quite generally large and several stories in height, so that, in the course of the day, there is considerable expendi-

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ture of physical energy in going up and down stairs—a factor of no mean import in the production of diseases of the pelvic organs. I have in my mind just now a large and beautiful school building in a populous city, in which the administration department is located on the first floor, the boys' school on the second, while the girls are compelled to ascend to the third story for their instruction. This plan seems to have been adopted with special reference to the destruction of the health of the girl pupils, and I doubt not that it is fulfilling its apparent object with great exactitude. In our common schools the system is even more dangerous in its demands upon the stamina of girls than in the private schools and colleges. A common standard is insisted upon for each grade, and the girl must work to the line with the same precision as the sturdy boy, or miss the chance of promotion to the next grade; or, perhaps, fail in the regents' examination, than which nothing can be more unsatisfactory as a test of educational merit or qualification.

The scholastic training of girls is being carried on with its greatest vigor at the very time when they are physically least suited to bear the strain. Just when the ovary is beginning to require a large expenditure of nerve force, the brain under our present system is also demanding all that an active cerebration can produce, and oftentimes more. Now our girls must be taught mathematics, the classics, English literature and composition, rhetoric, logic, belles-lettres, modern languages, music, drawing, painting, astronomy, geology, botany, zoology, and Butler's *Evidences of Christianity*. All this, and much more, must be crowded into the years between thirteen and seventeen. Nature is demanding during this very period that the ovaries shall establish a function which shall fit the young maiden for her future sphere of wife and mother, that she may joyously and healthfully obey the mandate to "multiply and replenish the earth." How, let us ask, can she fulfil this important law of her being in any proper sense, if her reproductive organs are dwarfed, deformed, weakened and diseased by artificial causes imposed upon her during their development? It is as certain as any physiological law, that the brain and ovary cannot both be developed at one and the same time, unless the proper equilibrium of nerve force is maintained, without the one or the other giving way; and the ovary generally suffers first, because it is more sensitive during the establishment of its functions. It receives impressions through two avenues, the cerebro-spinal and the sympathetic or ganglionic systems. These nicely attuned rhythmic relations cannot always resist, for a great length of time, such an undue strain as our educational system makes upon them, without crying out against the outrage, or yielding per force, without a struggle in many instances.

Mothers should be made to understand when their daughters begin to complain of headache, backache, and an indescribable malaise, that these are warnings which must be heeded. They are the manifestations of nerve-tire, the crying out of the nerve-ends for rest, the protest of nature against further continuance of overwork—danger-signals hoisted to warn of the relentless ravages of the approaching tornado. And, further, that unless they receive a patient hearing and an intelligent interpretation during their earlier exhibitions, they will assuredly lead to serious impairment of physical and mental vigor.

The result of this over-taxation at school is, I have said, very liable to react disastrously upon the pelvic organs of the young girl. Bear with me a moment in

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tracing the practical working of this neglect in an imaginary case that I shall take care is not exagerated beyond a point which I have again and again observed. A physician was consulted in regard to the ill-health of a young girl by her mother, who related her condition as follows: Age sixteen, and of medium height and weight; was born of healthy parents, and had always been well until about a year ago. Her first symptoms were backache, headache and loss of appetite; constipation resulted later, with flatulence, acid eructions and foulness of breath. The catamenia appeared at fourteen and went on with regularity for nearly a year; then began pain a little prior to the flow, which had increased with each succeeding epoch, until now she was obliged to take her bed and resort to active measures to obtain relief. The flow had also become scanty and was associated with leucorrhœa of an ever-increasing quantity, while the bladder had likewise become irritable. There was a sense of weariness consequent upon the slightest mental effort, that finally compelled the abandonment of all attempts at study. Noisy insects, like locusts, fretted her in the extreme, while insomnia of the most distressing obstinacy was a nightly horror. The hue of robust health had disappeared, and in its place had come the flush of invalidism upon the least excitement, or the paleness of anemia in repose. Her hands and feet were cold, and fugitive neuralgic pains were ever constant. The school history of this young girl was briefly told. She had taken the usual course of brain-cramming, until her over-tasked and overtaxed mind had become bewildered in its efforts to maintain the struggle, while her weakened and enfeebled body had utterly refused to carry the burden farther. She was in ruddy, robust health at fourteen; an invalid at sixteen, thanks to the folly of an ambitious though kind-hearted mother, who never saw the evils that the early symptoms forboded. She confessed that she never supervised the menstrual week of her daughter, nor cautioned her in any way as to the abridgment of mental or physical exertion during its progress. Now that the mischief was done, she sought the consulting room full of self-reproach that verged on the agony of despair.

In another case older than this, was found less mental disturbance, but more sexual disorder. The ovaries were tender and swollen, the womb engorged and indurated, and there was uterine hyperplasia and pelvic blood-stasis. The linen was stained with lucorrhœa of a uterine origin, which irritated the vaginal mucous membrane in a marked degree. On occasions she was hysterical, moody, or irascible, and at other times cheerful, amiable, witty and entertaining. Forgetful of her misery under the influences of excitement she would rise from a bed of torture and join in social gayety, dancing, and mirth. The consequence was she did not command the sympathy her real condition merited. It is too often the case that those in daily contact with such a patient do not comprehend that her remote sympathetic disturbances may exist as a terrible reality, even when her physical appearance does not indicate disease. The error is a serious one, for the want of consideration and sympathy on the part of friends or relatives often serves to depress and obtund the already impaired mental and moral faculties, which, reacting upon the disease itself, helps to aggravate all its symptoms.

The sexual system is the pivotal part of woman's organism; when it becomes disordered or diseased the whole economy is upset in its functions to a greater or

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less extent—its pernicious effects pervade the very warp and woof of her being. The reproductive organs are in intimate relation with all the other organs through the ganglionic system, and with the brain through the cerebro-spinal system as well. At puberty, and for some time before as well as afterward, the nervous system is the dominant element in the female economy, and these two systems, the sexual and nervous, act and react upon each other with a complexity which, though interesting to study, is difficult to comprehend. Now, suppose the nervous supply to the sexual system is received from an over-taxed and badly nourished brain, what may naturally be expected to happen? Surely, it is but reasonable to anticipate disturbance of the functions of the later, proportionate to the fatigue and innutrition of the former. The nerve-ends become irritated and cause aches and pains in the organs to which they are distributed. The circulation is under control of the nervous system; disturbed innervation of the bloodvessels leads to vascularity; irritation causes hypervascularity, and, as a consequence, we have increased arterial pressure—the flux begins; the arterioles dilate—tone is lost; the equilibrium between the venous and arterial systems is no longer maintained—there is venous engorgement; and, finally, blood-stasis. From blood-stasis to congestion is but a step; then follow dysmenorrhœa, hypersecretion, endometritis; for anything that produces stasis of blood may also cause endometritis—the arteries carrying more blood to the pelvic organs than can be returned by the veins—with the sequent catarrh; all these conditions, I affirm, may be resultant from the nerve turmoil which begins in the overworked, weary, and anemic cerebrum.

It is not my purpose to carry on this desultory and necessarily imperfect pathological sketch much farther, enough having aleady been said for the purposes in view—viz, to show that the essence of the disease in these cases lies not in the reproductive organs in the beginning, but in the nerve centres, whence, by the predomination of the sexual sphere at this age, the local expression of the fault is referred to the sexual system; but I may pause to remark in this connection, that just here begin the causes, oftentimes, which in after life produce the sterile wife or invalid mother. I have no doubt that, in many instances, these deplorable conditions take origin in the over-education or improper education of girls during the tender years of their development into young womanhood; and that the pangs of maternity are thereby increased far beyond the limitations of the mandate of Deity in the decree of woman, "In sorrow shalt thou bring forth children."

Here begin those pathological changes in the genital tract that result in lacerations of the cervix, rents of the perineum, and other lesions of parturition. The roll of maladies arising from jaded nerves which affect the reproductive apparatus of woman, is a long one, but it needs not be listed here. Surely, were the elder Hodge alive he might with propriety re-exclaim, "The womb is subject to so many ills, what a pity 'tis a woman has a womb!" but he would find some justification in also adding "and ovaries."

The relation of the ovaries to the brain and nervous system is an intimate one. The full discussion of the subject involves physiological studies that are not germane to the purposes of the evening. Nevertheless, it is proper to keep in mind that the sexual organs are dependent upon the general nutritive system for organic support; that they stimulate, depress, or otherwise modify nutrition chiefly

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through the ganglionic nerves, and that the portion of the brain which presides over the organic functions also denominates the reproductive organs.

Let it likewise be remembered, that the emotions are in part dependent upon the sexual organs for their proper development, and that the sexual system is in turn largely affected by the emotions. This is so near a truism that no one will attempt to controvert it. It is also a well-understood fact that the emotions, such as anger, fear, and even excessive joy, are capable of modifying and even arresting, temporarily at least, the menstrual function. In view of this great potentiality of the ovaries (I quote in substance though somewhat at random the next few sentences from Skene's masterly essay, to which reference is made at the end) in developing certain capabilities of the brain and nervous system and influencing their functions, it is evident that, in order to maintain harmonious action of the whole organism, it is necessary that the ovaries shall exist in full development and functional activity. Moreover, these organs, which are so essential to the good health of woman, when diseased, exercise a potent influence in deranging the brain and nervous system. Imperfect development of the ovaries not only modifies the physical peculiarities of woman, but also retards the development of the higher nerve-centres.

All of this goes to show the mutual dependence and independence of the brain or nerve-centres, and the sexual system. Neither can be deranged or morbidly disturbed for any considerable length of time without seriously affecting the other. This subtle interplay of cause and effect may be difficult to differentiate; nevertheless, it is easy to understand how a worn, and weary, and anemic brain may serve as an etiological base from which may spring manifold disturbances of organ and function in the reproductive system. Now, it is amenorrhœa or scanty menstruation, with neuralgic and hysterical pains, due to anemia of the sexual organs; and again, it is dysmenorrhœa, menorrhagia, and leucorrhœa, due to hyperemia of the same; or still again, it is manifested in uterine flexions and dislocations; in ovarian displacements, congestions, or perturbations, and in a variety of other phenomena, subjective and objective, with which every physician is more or less familiar.

It is, I am persuaded, too common an error to regard the sexual fault as a prime factor in the causation of all the mischief, and to address energies chiefly to the local group of symptoms in effort to bring about repair; whereas, many of these disorders do not constitute the essential disease, but are merely local expressions of the general neurosis. Attention is called to this point simply to show the importance of investigating the condition of the nerve-centres in young women of school age when advice is sought with reference to menstruation and other disorders of the pelvic organs; for, I asseverate, that it will generally be ascertained that these disturbances take origin in malnutrition of the nerve-centres, which in turn derange the circulation, causing both anemia and hyperemia of the various vital organs. The jaded and worn-out nerves of the overworked and underfed school-girl make a poor foundation for the construction of good blood, and at this period of life poverty of the blood cannot long continue without causing secondary disturbances which must result in serious impairment of the reproductive apparatus.

It appears to be the ambition of many—I had almost said the majority of—teachers to have their pupils attain a certain point of efficiency within a given

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period of time, and this without regard to their capacity, physical or mental; and this ambition is too often stimulated by the anxiety of parents or friends. Their capacity and usefulness as teachers is too apt to be measured by the quantity of so-called book knowledge which they can pack into these tender and sensitive brains within a given time, and this without much regard to the quality thereof. Similary, it was formerly the fashion to estimate the value of a family doctor by the extent of his "ride" and the quantity of medicine he dealt out of his saddle-bags.

To accomplish the end sought, there must necessarily be, in many instances, an overlapping, crowding and packing edgewise to an extent that is as utterly useless as it is incomprehensible. Then comes the wearing excitement of public examinations, the worry as to class standing, and the bustle and confusion and toil of commencement day. Nerve stimulants are resorted to in order that everything may go well, or at least appear well, during the trying ordeal of the valedictory essay. At last, when all is over and the tension taken off, the poor, weary, worn, and care-tired girl, released from the strain of the never-ending worry of lessons, and tasks, and examinations sinks down into utter despair of body and soul, unfitted for and unable to make any further mental or bodily effort whatever, and either seeks the consulting room of the much dreaded yet ever kindly gynecologist, or abandons herself to a semi-helpless, if not hopeless, chronic invalidism.

Another class of these victims of our high-pressure system, with more stamina of constitution than the one just described, passes through all the trials of the recitation room and the strain of commencement day, coming out of the ordeal apparently unscathed in mental and bodily vigor. Passing out of the school room into the active world and taking up the ceaseless demands of everyday life, with its home, church, charity, and society duties and obligations, they suddenly learn that they are unable to bear the strain of this toilsome after-work; that the mainsprings of their being have been so weakened by the tension of the schools that they are obliged to retire from the field of usefulness that they had planned for themselves and so eagerly looked forward to, only to drag out a miserable existence in a self-imposed celibacy, revolting alike to the laws of society and of Nature. Or, perhaps, in other instances, they take upon themselves ill-advisedly the duties and responsibilities of matrimony, only to find—alas! too late—that the trials of maternity are greater than their frail, diseased, or disturbed reproductive organs can withstand; or else, perchance, find themselves cursed with the Upas tree of sterility, which has poisoned forever the atmosphere of their married lives.

Thus, by a somewhat circuitous route, have we reached the climax of this desultory discourse, and now hasten to its conclusion.

Within the narrow limitations of the hour that custom allots to me at this time, I cannot pretend to offer in detail any well-considered remedy for the evils that I have sought to draw attention to anew; but, for myself, I may be permitted to say that I am fully pursuaded that four hours a day of study or school work, for girls between the eges of twelve and sixteen years, are quite as many as they can healthfully endure; and, further, that during each catamenial period they should be permitted to forego the recitation-room. Furthermore, mothers should more universally and thoroughly supervise this important week than they do as a rule at present; they should not only insist that their daughters at this time deny them-

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selves of all excessive or consecutive mental and bodily effort, but they should diligently instruct them in the laws of periodicity to which their natures are inevitably tending.

I would have these young girls especially taught the importance of eating good, but plain, wholesome, nutritious food, and, above all, the necessity of eating a hearty breakfast. Too many young women have grown up to regard it as vulgar to indulge the appetite at the morning meal, and have been allowed to cultivate the habit of "mincing" and "sipping" at a few dainty dishes, or have been permitted to go without breakfast altogether. Nothing, in my view, can be more pernicious than this dawdling over the much needed, though oft uneaten breakfast. A recent writer in a work of fiction has so aptly and concisely stated the importance of this matter, that I cannot forgo the temptation to quote his words: "There is no better test of a woman's health than her ability to eat a hearty breakfast, and it might also be said that her physical beauty is in direct proportion to the amount of beefsteak or mutton chops she can put into herself at this meal. Certainly pretty women can eat a hearty breakfast."

I would, moreover, have the dress of the school girl so constructed as not to violate the simplest laws of health. The fabric should be warm, and the underwear particularly thick, though soft and fluffy, in climates where the temperature changes are so sudden and extreme as this—all to be supported from the shoulders and not allowed to drag from the waist, thus to interfere with the proper development of the abdominal and pelvic organs.

Finally, I should be sure that no girl should enter a boarding school where the building was more than two stories high; or, indeed, attend any school where she would be compelled to go above the second story to study or recite her lessons. The evils of going up long and steep flights of stairs are manifold, and too well known to require elaboration at my hands.

These, then, compose a few of the errors to be avoided, and evils to be overcome germane to the subject of our discourse. The list might be extended almost indefinitely without exhausting the theme, though it would be sure to exhaust the patience of this audience. It will be fortunate for me if I have not done so already.

For many of the thoughts here grouped, I am indebted to the writings of others. I have not hesitated even to adopt their language in some instances when I have thought my argument was best sustained by so doing, and though I could not stop to give credit in the body of this discourse, I have appended a list of references that will amply serve the purpose.

As a final word, let me say that this subject has not been presented as a novelty, or because of originality in dealing with it; but rather on account of what the writer conceives to be its growing importance in this period of over-work and under-rest; and for the further reason that if any reform is to be wrought in the training and education of girls, it must be done by the co-operation and combined efforts of educators, physicians, and mothers. Fathers, in the very nature of things, are powerless to control the education and training of their daughters. They cannot guide their social career or regulate their general or sexual hygiene. For obvious reasons, custom and propriety have said they shall not be permitted to interfere in these matters, but have committed them all into the hands of mothers. It,

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therefore, behooves a mother to properly fit herself for the task of bringing up her daughter before she undertakes the responsibilities pertaining to motherhood. A great responsibility, too, devolves upon the family doctor, who must necessarily assume the *role* of chief adviser to the mother in all that pertains to the welfare of her girls. Educators, likewise, must make a study of their work from physical, hygienic, and health standpoints, and particularly enlighten themselves as to the training of girls.

From all this it would appear that mothers, educators, and physicians are not only jointly and severally interested in the problem set forth in this discourse, but I hold that they are in duty bound to co-operate in improving the methods of training girls that now prevail. But of all these I hesitate not to declare that the greatest, most abiding, and weightiest part of the responsibility rests upon the mothers. Hence, to them I would especially commend the subject that I have only imperfectly outlined, and would bespeak its most serious consideration at their hands.

The Hymen

By E. S. McKEE, M. D., Cincinnati, Ohio.

We find the following related by Pritchard Pritchard regarding the hymen in the Fiji Islands: In these islands so much importance is attributed to the hymen that in the case of the daughter of a chief she is killed when it is not found present at the marriage rite. When a young man has reached the age when he is to assume the duties of a chief he selects the daughter of another chief for his bride. The two tribes then assemble at the market place to witness the test of virginity. After the tribes have formed a circle around the open fire the bride is led into an open space and divested of all her clothing. She then walks slowly before the multitude, naked and trembling, and seats herself on a snow white sheet and awaits the coming of the groom. He is not long in coming, and with serious countenance and with blood in his eye, seats himself on the sheet opposite the bride. All is silence among the thousand spectators who sit breathless about. The groom lays his left hand on the bride's shoulder and introduces the two fingers of the right hand into the vagina. In a moment he withdraws the fingers and holds them upon high whilst the bride's tribe waits anxiously to see the few drops of blood which fall on the white sheet. The sight of the blood is a signal for shouts of joy on the part of the bride's tribe, for both her honor and that of the tribe is now proven, and congratulations are now showered upon the bride's father. But should the test prove unfavorable the whole tribe feels dishonored and the father or brother of the bride rushes upon her and crushes her skull with a club, at once extinguishing all remembrances of her.

In all times, all nations and all ages the hymen has been held as a sign of virginity. The old Jews proudly carried the linen of the newly married about among the friends and relatives, showing traces of blood, and a like custom is still in vogue in Naples. We have the chrenhemde of the Germans, the camisca del onore of the Italians—the shirt of honor. The Mohammedans hold the flow of blood, in primis nuptiis as a criterion of previous virtue. The unlawful taking of the hymen has in

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all times been visited by the most severe punishment. The penalty was death among the Jews, if the maid was engaged. If a man lay with a betrothed damsel in the city, they were both stoned; if in the country, the man only. It was reasoned that in the city the maid could cry out and have help, in the country she could not. Among the Athenians, Romans, ancient French and English and in many of the United States in their early days the offense was punishable with death. In New York, by the law of 1787, rape of a child under ten years of age was punishable with death. In 1810 it was changed to imprisonment for life. In Illinois and Massachusetts the punishment was death. In Texas it is still a capital crime, and only as long ago as April, 1888, a man was hanged, not lynched, at Gainesville, Texas, for rape. In the Isle of Man, in ye olden time, there existed a very wise custom. The criminal was brought into a public place and his victim was given a sword, a whip and a ring. She could kill, whip or marry him. Among the old Welsh, he who robbed a maiden of her hymen, there being two witnesses to the same, was required to present his sovereign a piece of silver as high as the sovereign's mouth and as large as his little finger. A curious belief is extant that connection with a virgin will cure venereal diseases. This is prevalent in Switzerland and in Lancashire among the ignorant classes. Among some Asiatic tribes virgo intacta has no charms to aspiring husbands. They prefer a widow to a virgin. They consider the matter strictly business. They say the widow has no hindrance to coition and is a better housewife. He who has a widow for a daughter can realize twice as much on her for her second marriage as for her first. The longer kept the less worth was the sentiment expressed by Shakespeare in speaking of the hymen. The hymen was considered a useless obstruction by the ancient Egyptians who cut it away. Athanasius says that the Phœnicians turned the bride over to a favorite slave to have her relieved of her virginity. Under the Emperor Tiberius a law was promulgated that no virgin should be hung. She should first be relieved of her virginity by the hangman. A Roman Saytr, who wrote of the several sins of his day, probably his own, made a little maiden say, "Juonem meam iratam habeam, si unquam memiserem me virginimem fuisse." We find several instances where the ancients were weak backed and demoralized enough to consider the hymen only a hindrance to sexual intercourse and have it removed by priests or little ivory idols. The long possession of the hymen among the Greeks meant its possessor to be extremely ugly. Their old maids they called furies. The following words are accredited to the holy Hieronymus: "Difficiles res virginitas idioque rara." The poetical signs of virginity, fresh rosy lips, bright beaming eyes, with a free yet modest look, has but little credit with scientists. Still less the old Roman sign, the swelling of the neck after matrimony. This made it a part of the marriage ceremony to measure the bride's neck with a string before and after the first dissipation. They thought that if the neck swelled after marriage that she had not been accustomed to sexual pleasures; otherwise the inference was that she had. A certain Cincinnati physician advertised to restore the hymen, thus often saving embarassment. He was, however, elected to the board of health, and gave up his operating.

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Some Practical Points in Abdominal Surgery.

By JNO. H. McINTYRE, A. M., M. D., St. Louis, Mo.

Read before the State Medical Association of Mo., Excelsior Springs, May 21st, 1891.

"Suppose I give a hint to you,
Suppose you give a point to me;
Then I shall give a hint to you,
And you will give a point to me,"—

in the discussion of which I hope will follow the reading of this paper.

In my opinion, any "point" or suggestion which diminishes the risk of life after laparotomy, is an important one.

The first point to which I call your attention is that of anesthetics, the safest and best of which is bi-chloride of methylene used in Junker's Inhaler. I have used it in laparotomy work for the past ten years without a single untoward symptom, and with the greatest satisfaction, and upon many occasions have put it to as severe a test as it is possible to put an anesthetic.

By its use, anesthesia can not only be promptly induced, but safely maintained for any desirable length of time, and it is rarely followed by nausea and vomiting.

By the use of the inhaler of Junker, overdosing is next to impossible; in reality the patient takes inspired air, charged with the vapor of bi-chloride of methylene, and it is surprising what a small quantity is required in doing a prolonged operation.

Short incisions constitute another point of excellence, and should never be extended beyond the point of necessity in removing a growth of given size without bruising the tissues. In removing the ovaries or fallopian tubes, or both, it is rarely that the ventral incision need be over two inches in extent.

In dealing with adhesions, perseverance by well directed effort will always succeed; remembering, however, that violence is always harmful, and the necessary force should be that of gentle momentum.

Intestinal adhesions should be separated as far from the gut as possible, for by so doing the danger of hemorrhage is much lessened; they should be carefully examined afterward, as the placing of a Lembert suture in the proper place at the opportune moment, will prevent the mortification of a future fecal fistula.

In the management of the pedicle, I always use Japanese cable silk, transfixing and tying the ordinary surgical knot, when dealing with large tumors; for removal of the appendages, I am partial to the Staffordshire knot of Tait.

DRAINAGE.

"When in doubt" I always drain and prefer the Keith tube to all others, and am a thorough believer in flushing the abdomen with a large quantity of hot distilled water. It is marvelous sometimes to see how many blood clots can thus be washed out, even after careful sponging; besides it is one of the best methods of relieving shock.

Closing of ventral wound can best be done with silk-worm gut. It is the ideal suture, as it is round, smooth and very strong, and can be rendered perfectly aseptic. As it is rather stiff, it should be steeped for a few hours before using in a

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solution of some kind, so that it can be tied tightly. It should be threaded at each end upon straight or slightly curved veterinary needles. The needle being held in the grasp of the Spencer-Wells needle holder, should be passed from within outward, always including the peritoneum. Sutures should be placed five or six to the inch. The frequent cause of ventral hernia following abdominal section, is an insufficient number of sutures.

AFTER-MANAGEMENT.

For the first twenty-four hours, nothing should be taken into the stomach, except a little hot water, as bits of ice chewed or swallowed do not relieve thirst. The second day a little barley water may be allowed, and on the third day she can be promoted to a chicken wing, after which, if everything goes well, almost any light diet may be allowed.

When pain is present I use but little morphia, on account of its tendency to arrest secretions, and thereby prevent the elimination of morbid material, but in its stead, for more than a year past, have used Antikamnia, with happy effect It soothes and tranquilizes, and lessens the tendency to rise of temperature.

Stitch-hole sinuses can best be obviated by early removal of the sutures. It is rarely that I allow sutures to remain in the ventral wound longer than the eighth day, and I often remove them as early as the sixth.

He who essays to do abominal and pelvic operations, should by previous observation and training, be so fitted for his work that when he comes into "action" he will be "ready for anything and surprised at nothing."

The best place in which to obtain the highest grade of success, is not in large general hospitals, neither is it in "the cottage by the wayside," but in a small, especially prepared establishment, under the absolute control of experienced management.

604 Olive Street.

Morbific Agents—Their Nature and Source.

By——————

The processes of fermentation and putrefaction are essentially the same as the vital processes which take place in macro-organisms, the agents concerned in the former being unicellular organisms, and in the latter living cells. In both the action is vital, and the results the same: the increase in the organized fabric, and the production of excreta which are thrown out of the body because their retention would be injurious, and ultimately destructive. These are not properly called *waste* material. They are simply products of vital action, as are tissues or secretions, of a chemical constitution and organic structure unlike any component part of the organism, or anything out if it.

Of toxic substances formed by living organisms, plant or animal, and whether retained in connection with the organism, or discharged from it, some are solid, some liquid, and some gaseous. To the last belong all bad airs—*malarias*—whether generic or specific, as the so-called malaria of autumnal fevers. All such noxious gases were formerly supposed to be produced by the chemical decomposition of organic matter, and chiefly vegetable; but since fermentation and putrefac-

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tion are now known to be vital and not chemical processes, the chemical origin of malaria and all noxious gases is no longer held.

The decomposition of organic matter, under ordinary circumstances, is almost always attended, as results, by disgusting and oftentimes nauseating odors, and under circumstances that allow no other cause than living organisms. Matter gathered from a lake of clear and potable water containing diatoms, for which it was specially gathered, had no odor when bottled. In the course of a week the odors arising from the semi-fluid matter was nauseating and disgusting in the extreme. Had some antiseptic substance been placed in the matter when bottled, no odors would have appeared, and the only rational and satisfactory explanation that can be given of the fact is that the antiseptic arrested the nutrition of the microbes so abundantly present, destroyed the matured individuals, and prevented the development of germs.

Micro-organisms, because of their incalculable number, have far more to do in filling the atmosphere with offensive and noxious gaseous substances than have macro-organisms. The odors from stagnant water, sewage, *et id omne genus*, are excreta of micro-organisms. That some are morbific, experience and observation have shown; and this is not surprising, since we know that it is a law of the life-world, as already stated, that excreta are toxic to the organism which excretes them, as well as to other organisms.

The malaria is distinguished from other bad airs by being the supposed cause of autumnal fevers, the remittent and intermittent. These fevers, occurring in the late summer and fall months of the year, the production of their cause is placed at the same time for no other apparent reason than the fact that these fevers occur at that time, Its existence at that time is not a matter of demonstration, but of inference, and the belief that it is the cause of these fevers has no better foundation. Like conditions of the body, though attended by less fever, occur now at all seasons of the year, and such cases cannot be ascribed to "malaria" as the cause.

The origin of malaria was formerly supposed to be the decomposition of organic matter by physical agents; but since there is no such a thing at the ordinary temperature, either malaria can have no existence in fact, or if so, then it must have some other origin; and observation has shown that the decomposition of organic matter is effected by micro-organisms. This being so, the question arises, as respects malaria, whether micro-organisms are greater in number or more active in autumnal months, or whether the malarial microbe appears only at this season. We know that some species are more prevalent at one part of the year than at another, and that the genera that flourish best in the spring disappear in the warmer months of summer, while the summer genera disappear in the cooler months of autumn. Everyone is conversant with the fact that the green scum of stagnant water is not to be seen in the fall months in our latitude. There is a like geographical distribution of micro-organisms as that which obtains in regard to macro-organisms; and this distribution is both longitudinal and latitudinal, the latter being determined by temperature. Hence the different species of plants and animals found in different latitudes. Now, as respects micro-organisms, we find that the law of distribution is applied to the season of the year, in accordance with which different species appear in different seasons. These things being true,

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it does no violence to reason or fact to suppose that the "malarial microbe makes" its appearance only at the season when the bilious intermittent and remittent fevers were known formerly to prevail to the greatest extent.

But has this supposed microbe been identified? There are not a few species prevalent at the same time, and which of these is the true "malarial microbe," has not been settled. Indeed it is not known that the bad air is *mi*crobic. It may be *ma*crobic for all that we know. As malaria (admitting its reality) has no physical or chemical properties, so far as at present known, by which it may be identified, its reality can be no more than an inference. Between it and the fact, no genetic connection, such as exists between cause and effect, has yet been shown.

Micro-organisms, though known to be the cause of "foul air," or poisonous gases, are yet not the only cause. Many macro-organisms emit nauseating gases or æriform substances. Some species of the agaric family emit odors that produce emesis, and which cling with great tenacity to the fingers when handled. But when such odors are diffused through and mingled with those from other plants, it then becomes difficult, if not impossible, to trace any connection between them and morbid states of the body. In cases of sewage gases when their presence is detected by their odor, a disease occurring in persons exposed to the gases may be reasonably ascribed to such gases as its cause. But oftentimes disease occurs where the presence of morbific agents is to be inferred and not affirmed. The kind of disease can afford no proof; for different morbid states of the body may, and do, arise under the same non-sanitary conditions. Sewage gas arises from the presence of micro-organisms in the water and moist places in the sewer, and diseases which occur in the locality may be ascribed to such gas; the *organisms* have no other connection with disease than as the producers or generators of the morbific agent. We have but to destroy the organisms to have freedom from their excreta. Could we flush a sewer or disinfect it thoroughly, the air in the sewer would be as pure as that out of it. But there are other causes of disease besides the excreta of micro-organisms, and such may be the cause in a particular case. Fevers may find an adequate cause among these. In the autumnal season, the temperature during the day is warm, and at night cool. This alternation of heat and cold may be a more important factor in the production of autumnal fevers than one might think. But the *modus operandi* of temperature is essentially the same as when noxious gases are inhaled. It but throws back into the circulation an excretion which should be expelled entirely from the body. The excreta that are thrown out through the skin are toxic, and poison the contents of living cells when thrown back upon them. Fever is excited, the circulation increased as a vital means of ridding the body of the poison. Such are the phenomena of resistence on the part of the organism when poisons are introduced in comparatively small quantities, as is the case when sewage and such like gases are inhaled. The ptomaines of the cadaver are known to be virulent poisons, and these are the excreta of micro-organisms. Koch's reputed remedy for tuberculosis is of like origin, an alkaloidal substance from the culture fluid of the bacillus tuberculosis so called. It has virulent toxic properties, not unlike those of the ptomaines of the cadaver. It is essentially a ptomaine. In a milder degree are the morbific excreta of micro-organisms diffused through the air, an example of which is the hypothetical malaria.

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Which of these causes, the excreta of micro-organisms or oscillating temperature, is to be regarded as the real cause of autumnal fevers, it is simply impossible to determime. But as temperature is sensible, and its action readily explainable, we cannot deny it a decided influence as a cause of these fevers. But whether the effluvia of plants are to be reckoned as a cause adjuvant can be affirmed only when their presence can be determined ; if this cannot be done, then their co-operation is only a matter of inference.

As regards morbific poisons of specific diseases, as variola, scarlatina, syphilis, etc., the connection between cause and effect is more apparent than in the so-called zymotic diseases. Matter from a pustule of variola, when introduced into a healthy organism, gives rise to all the phenomena observed in a sporadic case. Whatever may have been its origin, the disease is now propagated from one person to another by the variolus poison, generated in a largely increased quantity in the person suffering from an attack. Its origin lies among the things unknown, as do the poisons of other specific diseases ; but we understand now that these diseases are perpetuated by the poisons that cause them. Of some the poison is aeriform, and hence spread abroad by the air, and entering the body through the lungs. Reaching the living cells it poisons their living matter, and the resistance set up in the body gives rise to morbid phenomena. The action of the poison is dynamic, and not chemical or physical. When it does not destroy at once, it sets up disease, producing phenomena more or less peculiar and pathognomonic.

An Efficient Method of Removing Foreign Bodies from the Nose.—Dr. S. Johnson Taylor (*Lancet*) gives the following method for removing foreign bodies from the nose, which was successful in the case of a child of three years with a large bead in the nostril. The procedure is simply Politzer's method of inflation through the unobstructed nostril: The nozzle of the Politzer bag is introduced into the nostril which does not contain the foreign body, and if the patient is old enough he is requested to swallow a mouthful of water. During the act of swallowing the bag is vigorously compressed, the escape of air from around the nozzle being prevented by grasping the nose with the thumb and forefinger. At the moment of compressing the bag the foreign body will probably be blown out. In the case of a young infant the compression should be made while the child is crying.

High Medical Education.—At the meeting of the Board of Trustees of the University of Pennsylvania, held May 21st, Dr. Pepper made an offer of $50,000 towards an endowment fund of $250,000, and of $1000 annually towards a guarantee fund of $20,000 annually, for five years, conditioned upon the establishment of an obligatory graded four-year course of medical study. This was accompanied by a communication from the Medical Faculty, pledging themselves to carry out this proposal, and to enter upon the four-year course in September, 1893, It was also reported that the members of the Medical Faculty had themselves subscribed $10,000 annually for five years to the endowment fund. The Board of Trustees expressed warm approval of the proposed advance in medical education, but postponed their assent until the success of both funds had been demonstrated. The approaching completion of the fine Laboratory of Hygiene, built by Henry C. Lea, Esq., will render the medical facilities of the school unequaled. It is to be hoped that the necessary pledges will be secured promptly, as the interests of the entire community are deeply involved in the success of this great advance, which will enable medical students to obtain a thorough practical education in ever branch of their profession.

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FOREIGN CORRESPONDENCE.

OUR VIENNA LETTER.

—II—

SIGHT-SEEING IN THE MECCA—GLIMPSE OF THE MEDICAL SCHOOLS—A VISIT TO LEITER'S—THE INEVITABLE CANE AND BOULANGER—DRIFTING FROM THE SUBJECT BY GAS-LIGHT—THE STUDENT "IS IN IT"—LIFE STUDY—DR. FINGER'S EXCELLENT WORK AND INTERESTING CLINICS—DIAGNOSIS OF GENITO-URINARY DISEASES.

[MEDICAL HERALD SPECIAL CORRESPONDENT.]

VIENNA, June 2, 1891.

To the Editor of the Medical Herald:

DEAR SIR:—After a considerable amount of sight-seeing, which seems to be a necessary part of (the business) a trip over here, I have come to a stand in this very attractive and absorbing burg—the Mecca of the medical profession, as it is often, and very justly, termed. This is indeed a haven, to which all of our kind may come with the expectation of finding most valuable opportunities for pursuing with profit the study of any branch of our much specialized art; for specialties of the most erratic nature and modern construction find places in the catalogue of the "Facultat."

The University, the Krankenhaus (general city hospital) and the Poliklinik are all located in one neighborhood, and they look like veritable bee hives, with students, teachers and patients for their busy occupants. The dimensions and capacity of these buildings must not be measured or compared with anything in our own country; I have seen nothing like it there. The Krankenhaus alone is large enough to contain a small town. A new comer can easily get lost in wandering through its many "hofs" or courts, or its endless wards. I started with a fellow student to walk around it on the outside the other evening, on our way to Leiter's (of cystoscopic fame). Well, I shall not endeavor to guess the distance covered in getting there, as my guess would seem preposterous, but I will say that we were late getting back to supper in consequence of adhering to our determination to go around the Krankenhaus.

The utmost freedom is allowed everybody in going in or out of this great institution. The courts are beautifully shaded with trees, which overhang the many well kept walks; and along these the convalescent patients, male and female, walk, chat, flirt or doze, presenting a peculiar and interesting spectacle with their numerous bandages, their splints and hospital garb as mark of distinction from the clusters of students that loll around on the benches and lend picturesqueness to the scene. But the students themselves carry a badge of distinction that serves to stamp them as such with unerring certainty; a cane is their unfailing companion. I have yet to see a medical student, who has been here long enough to become acclimated, venture out of doors without his cane! And it is also surprising to observe with what rapidity, after his arrival here, an American student becomes engrafted with a beard—at first a scaly looking affair, but later, thanks to the solicitous attention bestowed on it by its possessor, a very respectable appearing, closely cropped Boulanger is evolved.

The life of a student of medicine here is an ideal one, and emphasizes the dif-

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ference in the amount of pleasure to be derived from the *study* of medicine, as compared with its practice. Passing their days in listening to the discourses of master medical minds—recognized leaders of the profession; watching the clinics, which afford examples of disease, of all possible varieties; delving in laboratory work, original and otherwise; viewing operations by masters of the surgical art; with an interval—a remission from such arduous tasks—of from one to three hours at noon, to eat, chat, smoke or read in the cafes. But at night is the time when the busy medical student is allowed the liberty of relaxation and enjoyment. And where in the world are the opportunities for obtaining these better than in Vienna, the very cradle of delicious music, of beer, of dazzling frauleins, an irresistible combination, all of which is to be found "im Prater" and in the concert gardens?

All Vienna goes to these resorts nightly, and why should not the poor, overworked medical student? Whether there is any potent argument to be set forth against it or not, *he goes*, and in swarms, and the seductive music of the military bands and the "damen capellen" (lady orchestras) is sufficient to engross their attention until very late—or rather early—hours, sometimes. I don't wonder that German gentlemen spend most of their life in obtaining their education!

But I must not devote too much space to this aspect of medical study, or it may be thought that I have allowed myself to participate in such frivolities, or that that is the chief aim of the fraternity here. Let me not convey any such impression. A vast deal of good, hard work is done here, both by the students (especially the Americans, who do not so readily adopt the easy and slow-going methods of the Germans) and by the teachers, who stand as forcible exemplifications of the reward to be derived from merit and industry.

The distinction of a professorship here means much more than it does in our country. Professor Dittel, who is now 73 years of age, received his professorship only about eleven years ago. The students are all much older than our medical students are; they hardly graduate before reaching the thirties, and are assistants at the clinics, or are "private docents" until well along towards middle life. So that it is apparent that the young man of this land is about ready to shuffle off the mortal coil by the time he has attained the aim of his ambition—a professorship in the University. Dr. Ernst Finger is about the youngest of those who are to be numbered amongst the prominent; and his success is as deserving as it is pronounced, considering the exceedingly creditable work he has done in his special field—genito-urinary. He appears to be about 38 years of age; he has written two books, one on gonorrhœa, this probably being the best work extant on the subject. Praise of the course given by him is universal, his methods of diagnosis and treatment of urethral affections being both rational and scientific, the accuracy of which is daily confirmed by the excellent results obtained at his clinic. The material appearing there daily is large, varied and always interesting, especially so as its lessons are interpreted in such an instructive and lucid manner. The number of cases of spermatorrhœa, demonstrated to be really such by the microscope, would surprise some of those who claim that this is, for the most part, a disease of the imagination. Cases of impotence of various degrees of severity are here not treated mainly with—incredulity and advice which together seem to be the "sheet-anchor" of some practitioners after whom I have read. A lesion clearly demonstrable for

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these and for other obscure sexual disorders, is usually discovered by the refined methods of diagnosis employed at this clinic. And it is for this part of his work that Dr. Finger deserves most credit.

It seems to be his aim to impart to his hearers appreciation of these diseases in their physiological relation, such an understanding furnishing proper basis for the great *primary object* of the would-be healer, that is, a *definite* and *accurate diagnosis* of the trouble. The diagnosis is the important part of the problem; after that is made clear, proper therapeutic measures are arrived at. (N. B. Whether they will always succeed in curing the case, I will not at present presume to say, as I bear in mind the wonted perversity of genito-urinary diseases in general; but the success which Dr. Finger obtains in the relief of old, chronic urethral cases, is soon made apparent to those who follow them in the clinic). This course seems to be a favorite one with the Americans, nearly the whole of the present class being made up from our colony.

I notice that my letter is becoming prolonged to an unseeming degree, and I have not yet conformed to the orthodox regulations established by "foreign correspondents," of adhering strictly to the soberer topics of advances in medicine, discussions of societies, etc. Perhaps I shall do better next time.

With best regards, I am,

BRANSFORD LEWIS.

Sample Letters.

PADUCAH, KY., June 15, 1891.

MEDICAL HERALD Co., St. Joseph, Mo.

Gentlemen:—I hand you herewith two dollars, in renewal of my subscription to THE MEDICAL HERALD. Allow me to say that I prize your lively journal very highly. Of the dozen medical journals which I take regularly, *the wrapper is torn first from the* HERALD. I am always delighted with it.

Yours Cordially,

A. P. WATERFIELD, M. D.

COAL VALLEY, ILL., June 20, 1891.

MEDICAL HERALD Co., St. Joseph, Mo.

Gentlemen:—Upon my return from Indiana, I found the current number of THE HERALD awaiting me. Allow me to say that after a careful perusal of this month's issue, I pronounce it the most *unique* and interesting journal I have yet seen.

Yours very truly,

J. E. HUSTON, M. D.

GOODSON, POLK, Co., Mo. June 18, 1891.

MEDICAL HERALD Co., St. Joseph, Mo.

Dear Sir:—Find enclosed $2.00 for payment of my subscription for the HERALD for the year 1891. *Consider it by far the best Western Journal.*

Yours respectfully,

T. D. WRINKLE, M. D.

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OUR NEW YORK LETTER.

—I—

TRIBUTE TO DR. BARKER—AN EMBARASSING CIRCUMSTANCE—TUBERCULOSIS AND "KOCHINE"—NEW INSTITUTE FOR BROOKLYN—NEW ERA IN MEDICAL EDUCATION—THE WILD WEST—ST. LUKE'S HOSPITAL AND THE CONSUMPTIVES' HOME—PULMONARY SYPHILIS AND DR. SATTERTHWAITE—EXTRACTS.

[MEDICAL HERALD SPECIAL CORRESPONDENT.]

NEW YORK, June 25, 1891.

Editor Medical Herald:

DEAR DOCTOR: When I accepted your flattering invitation to act as New York correspondent, I did not anticipate how difficult a task I had undertaken. To write a letter upon divers topics, in the heat of summer, almost stunned by the rattle and clash of elevated trains, the constant annoyance of visitors and other more or less petty interruptions, is more arduous than one would think. But having promised, I will fulfill, until in the interests of self-protection and your readers, you yourself will terminate the contract. Anent the subject of news, the death of Prof. Fordyce Barker, May 30th, is one of the sad items which falls to our lot to chronicle. Dr. Barker was seventy-three years of age, and had been engaged in professional labors for fifty years. He was a graduate of Bowdoin College, and received his medical degree in Paris. It will be remembered by the readers of the MEDICAL HERALD that some years ago, there was quite a quarrel raised in the professional circles of this city, by several confreres of Prof. Barker, who charged him with falsely claiming to have received the Doctorate from the Paris College of Medicine. Dr. Barker was unfortunate enough to have lost his diploma, and for this reason he at first experienced some difficulty in proving his claim; but finally living witnesses were found whose testimony completely established the honor of Dr. Barker and cast odium on his traducers. Dr. Barker was a remarkable man, and occupied the exalted position of being the most popular family physician and accoucheur in America. His personal appearance was such as to inspire confidence, and this, coupled with his recognized ability, gave him an enormous clinitele. His loss is irreparable, and the general sorrow throughout the higher circles of this great city, is evidence of the esteem in which he was held. All of the many medical, scientific and charitable organizations with which he was connected, have passed appropriate resolutions, and the entire city may be said to be in mourning. Passing from the "dead" to the "quick," I notice with pleasure that at the recent meeting of your State Society, my old and esteemed friend, Dr. T. F. Prewitt, of St. Louis, was elected President. I am glad that he was so honored, for he is in every way worthy, and will be a model officer as he is a man. Society circles in this city are fairly active, and good work is being done. At a meeting of the Academy of Medicine the first of last month, Dr. Kinnicutt reported a number of cases of tuberculosis, treated by tuberculin at St. Luke's Hospital. Most of his cases had been under observation since in December, and the report summarized the impressions received after five months' treatment, as follows: There is no doubt but that tuberculin possesses marked affinity for tuberculous tissues, and it therefore has some relative value in differential

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diagnosis. He believes that doses of minimum strength, gradually increased and given at long intervals, constitutes the safest and best method of use. The author holds that tuberculin has produced greater improvement in physical condition of diseased lung tissue, than any other method of treatment. In the discussion which followed, Dr. A. L. Loomis gave his experience at Bellevue Hospital. He had treated thirteen cases of pulmonary tuberculosis by this method, and the condition of all had been improved. In four of the cases, cough had almost disappeared, and the bacilli in the sputum had very much decreased in number. He found that after the first injection the activity of the pathological process in the lung was greatly increased, but this gradually subsided and physical examination of the diseased areas showed an evident arrest of the disease. He advised that the injections should never be repeated, until the activity excited by the first injection should have subsided. Dr. Loomis also thought that the pneumatic cabinet was of great value in connection with the treatment, and should always be given a trial. It was very effectual in maintaining the nutrition of the pulmonary structures. In the general discussion, the burden of the testimony regarding turberculin, was to the effect that tuberculin was of great value in the treatment of tuberculosis; that it was an agent powerful for good or evil; that it should be given a fair and impartial trial, and be used only by men of ability and character, whose reports could be received as scientific observations. My own view of the matter, based not so much upon actual trial, but by daily observations of cases treated in the hospitals here, are that tuberculin will not prove a cure for consumption, but that it will gain a place in the treatment of tuberculosis far in advance of any remedy now known. When it is used, as it should be, in conjunction with pneumatic gymnastics, climatic advantages when practicable, nutritive and constructive agents, I believe it will be of sufficient value to add lustre to its already illustrious discoverer and justify every claim that he alone, has made for it.

The treatment of the opium and chloral habit, has received a new impetus by the proposition, which has, I think, assumed definite shape, to erect an institution for the treatment of victims of these habits, in Brooklyn. The building is to cost about $120,000, and will be built at once. It is understood that Dr. J. B. Mattison, the well known specialist in these cases, will have charge. I should have mentioned that provision is to be made for the treatment of a reasonable number of poor patients, so that it will be of double benefit to these unfortunates who live in dreamland and in hell, according to their ability to obtain their favorite narcotic.

The college men are all interested in the position recently taken by the Harvard Medical School, in requiring a four year course before granting the degree of Doctor of Medicine. *Tempora mutantur*, and medical colleges must change likewise. The day is not far distant when all the colleges of the country will take a similar step forward, and then it will come to pass that to be a physician, one must be a civilized, educated, scientific person of either sex. When this millennium shall have come, *exit* the semi-savage, ignorant clod-hoppers who now masquerade under the title of M. D. Perhaps I am denuding the average Western doctor too closely, and if you wish cut this out, for you know the editor must sometimes suppress the truth as well as tell it. But God help the ignoramus who reads the above and knows that he is the one being cauterized, for it might rob him of some of his ego

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tism, and what, pray, could an ignoramus do without egotism? But enough of this, or I will not dare to visit the wild West again for ten years.

St. Luke's Hospital has absorbed the Consumptives' Home of Rest, and the two will hereafter be run under the same management. The change is thought to be a good one, and will enable the trustees to do more good with much less money, which is, I believe, generally considered, a consummation devoutly to be wished.

At the New York Academy of Medicine, May 19th, an unusually interesting paper on Pulmonary Syphilis was read by Dr. T. E. Satterthwaite. The author offered as an excuse for bringing the subject before the Academy, that it was generally neglected or treated of imperfectly by the text books. But I can do no better than to quote the author's own language:

"These statements of mine lead us to the inference that there is both a negative and affirmative position, and I could prove it satisfactorily to-day by an appeal to you who are here. For some of you would tell me plainly that you do not believe in the existence of pulmonary syphilis; others of you would state positively that you have both seen it and treated it successfully. At any rate the majority of general practitioners throughout this country to-day would, I am quite confident, affirm that they have never seen lung syphilis.

In my clinics at the Post-graduate Medical school, during my experience of eight years, I was repeatedly told by medical men that syphilis did not occur at all in their practice, being quite unknown to them. And yet syphilis is really a comparatively common disease; and when any one has once learned to recognize it under its protean forms, he feels astonished at having failed in making the diagnosis. And I am quite willing to join with such a one and cry, *Peccavi.*

In the first place, some spyhilogists have said nothing on the subject, denied its existence, or even have spoken with harsh criticism of those on the affirmative side; and all this, we may presume, in perfectly good faith. Thus Jonathan Hutchinson, the veteran dermatologist, in his very recent work published last year, has given us a chapter on pulmonary syphilis, under the guise of quotations from Moxon. So, too, Mauriac in his equally recent treatise, has written a special chapter on the same topic; but, after citing a number of well-known cases from previous authors (without adding any of his own), he takes occasion to blame the profession for believing that these cases are true examples of the disease. Fournier, in an earlier work, which exhibits much laborious zeal in compilation, has gone so far as to state: 'It is almost useless to say that this secondary dyspnœa (in lung syphilis) is a symptom without lesion, *sine materia.* You will search in vain for an explanation, from any pulmonary change. Percussion and auscultation will reveal nothing but what is absolutely normal in the thoracic organ.'

Are these fair examples of the narrow lines within which some of the specialists of to-day do their work? Such specialists would say, 'It cannot be thus, because I have not seen it;' as if any specialist is a complete master even in his own field. If they know it all, then there is nothing else to know. But we know better * * * * * Let us first review the pathological evidence that supports the theory of syphilitic phthisis:

1. We often find in the lung a peculiar tumor known as "the gummy," small and yellowish in color, sticky to the feel, and sharply defined from the surrounding tissue. It is a recognized lesion of tertiary syphilis,and forms one of the most common deposits in the liver or kidneys, and is more prominent in the middle or lower lobes of the lungs than elsewhere. Similar deposits are almost always found in the liver, or traces of them.

2. In another class of cases we may have appearances that similate those of miliary tuberculosis, but perhaps without the so-called tubercular bacilli.

3. In another class, which is presumably an advanced stage of the miliary formation, we have the peculiar fibroid induration already spoken of, and which is

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the most characteristic of the syphilitic lesions, and one whose clinical signs have a certain amount of positiveness about them. At first the indurated fibrous tissue has a pellucid bluish appearance, but later on is white and glistening.

4. If the miliary deposits aggregate and soften as they will do in case treatment is not successful, cavities will form, and they will be found first in the apices, just as in tubercular phthisis. But the cavities are usually small, and if we are slipshod in our diagnosis, the case will pass for a fibroid phthisis (tuberculosis).

5. Associated with these intra-pulmonary changes will be an unusual amount of fibrous pleurisy, for this is a natural concomitant of pulmonary syphilis, and may, therefore, be expected. Pleuritic effusions are also comparatively frequent.

Now, while there are none of these lesions except the gummy tumor, that are positively determinable at the post-mortem table; still in conjuction with the patient's history, his physical signs and the microscopic examination of the sputum (or of lung tissue after death), the diagnosis may be made with a remarkable degree of certainty.

There is no doubt that lung syphilis is comparatively uncommon, even in general and visceral syphilis, and my observations agree in the main with those of Greenfield and Goodhart on this point. A fair idea of my experience can be gathered from my private pathological and clinical memoranda. Thus, I have found that where there are full clinical and pathological data, the figures stand as follows: In 95 patients that came to the post-mortem table with supposed tubercular phthisis, 12 had evidences of syphilis in their lungs (13 per cent). Of these 12 cases, six were selected by me as pure examples of syphilitic phthisis (six per cent). Of the remaining six cases, it was possible and indeed probable that tubercular phthisis was a concurrent lesion (six per cent). Hence it would appear that syphilis of the lungs is quite as often associated with tubercular phthisis, as that it is the single lesion."

In the discussion of the paper Prof. William Welch, of the Johns Hopkins University, contributed a letter in which he expressed the opinion that the existing confusion in regard to syphilitic lesions of the lung was not very likely to be cleared up before we possessed, by the detection of the specific germ of syphilis, as positive a means of recognition of syphilitic lesions as we have in the tubercle bacillus for tuberculosis.

I have probably used too much of Dr. Satterthwaite's article, but its great value, is, I hope, sufficient excuse. GOTHAM.

Northern Kansas Medical Society.

This Association convened at 3:30 P. M., in the court house, Seneca, Kas., Dr. Hawkins, President, in the chair. Drs. Murdock, Everhardt, Waggoner, Torrence; Richmond and Geiger, of St. Joseph, and Dr. McClintock, of Topeka, Dr. Wachter, Dr. Lisbon, Dr. Balfour, of Morrill, and Dr. Secrist, of Oneida, were elected members of the Society. This being the annual meeting of the Society, the election of officers was taken up, which resulted in the selection of Dr. Murdock as President; Dr. Everhardt, of Seneca, Vice-President; Dr. Wachter, Secretary; Dr. Slosson, Treasurer. Dr. Murdock, of Onedia, reported the history of a case of enucleation of the uterus by the vaginal route. Discussed by Drs. Geiger, Richmond and McClintock. Dr. Richmond reported an unusual case of stricture of the urethra with a large quantity of stone in the bladder. Discussed by Drs. Geiger and McClintock. Dr. Geiger reported a case of intestinal resection and anastomosis. Discussed by Drs. Richmond and McClintock. Adjourned.

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THE MEDICAL HERALD.

A PRACTICAL MONTHLY JOURNAL OF THE MEDICAL SCIENCES.

HIRAM CHRISTOPHER, M. D., Editor.

ASSOCIATE EDITORS: JACOB GEIGER, M. D., SURGERY; J. W. HEDDENS, M. D., PATHOLOGY

BRANSFORD LEWIS, M. D. (late of the St. Louis Medical Review), European Correspondent.

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EDITORIAL

Tuberculosis

THE different views which prevail regarding the nature and cause of tuberculosis, whether it is a constitutional disease and of a diathetic character, and consequently hereditary, or whether it is essentially a local disease of an infectious character, giving rise to constitutional disturbance by the morbific properties of the infectious material, show how differently men reason from the same premises, and how differently they interpret the same facts. Human reason and judgment are necessarily fallible, and yet they are our only safeguards against error, on whatever subject they may be exercised. Facts, principles, and reason are all the material and aid we have in any case to get at truth. In the use of these, men differ, and often differ very widely; so that the differences which we observe in men's conclusions are oftentimes so embarassing as to discourage any attempt on our part to reach a conviction on the same subject. Oftentimes the weight of a name or of a reputation adds force to a conclusion that will hardly endure criticism, the consequence of which is that truth is made to suffer. There is much reason for a wide diversity of opinion on medical subjects, because medicine is not an exact science, as are the physical sciences.

The science of medicine has to deal with a mechanism whose parts are most delicately adjusted to each other, and held in united action by a subtle and delicate force; so that the phenomena it presents from the same cause are not uniformly the the same. A diseased or complaining organ in one person not unfrequently gives rise to symptoms not observed in other persons; so that an error in interpreting a symptom by assigning it to its real cause is not an infrequent occurrence.

The phenomena of the vital force are more numerous and complex than are those of any other force. A living organism is infinitely more difficult to under-

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stand, as respects its operations, or to investigate, when under the influence of morbific causes or tendencies engrafted on the organisms, than any piece of mechanism however complicated it may be, or intricate its machinery. The normal action of the entire organism is dependent on the normal condition of its parts; and as these are numerous and susceptible of functional disturbance by external causes, it can be readily seen how easily its normal adjustments can be deranged. Such disturbing causes, when they cause diseased action, are morbific agents, and these give rise to morbid action in the body in proportion as their influence is not overcome or checked in part or in whole by the resistance which the vital force presents against them.

Many external influences affecting the body, exert a beneficial or injurious effect on the body by invigorating or depraving its vital energies, and hence give to it the greater or less power to resist morbid causes. Such are those influences that are classed under climate or locality. To these may be added personal environment, habits of life, occupation, food, clothing, wealth and poverty which bring with them their own peculiar influences. All these causes affect not only the individuals who are their immediate subjects, but their progeny by virtue of changes and trends engrafted on the parents.

There are breeds in men as there are in animals. Their exisistence we know but the cause of their generation we can only conjecture. They become so fixed in the organism as to become almost a permanent feature or peculiarity, and capable of being transmitted from generation to generation almost indefinitely. Breeds are generated. Like grafting in plants, giving rise to varieties, so are breeds in animals; and what is true of animals in this particular is true of men; for the *human* organism is really and truly an *animal* organism.

Now, the thing that lies at the base of the force, trend or peculiarity of organism out of which breeds arise in animals and varieties in plants, will lead us to some conception of that peculiarity of organism which constitutes the susceptibility of a living body to take on morbid action of a particular or peculiar kind under the action of ordinary morbific agents, as when taking cold in one case results in pneumonia, and this in tubercular consumption, and in another case is followed by articular rheumatism, erysipelas, or an ordinary idiopathic fever. Certain animals in their constitutional make-up are, *ipso facto*, liable to certain kinds of morbid action. This fact Koch discovered, if he was not already cognizant of the fact, when he was in search of a cure for tuberculosis. Some animals are proof against certain poisons, while others succumb at once. Susceptibility or non-susceptibility is constitutional, a peculiarity which the body possesses natively or acquiredly, and is as much a mystery as is that power, force, or constitutional peculiarity that underlies breeds, varieties, or races. These constitutional or structural peculiarities are transmissible; but oftentimes are lost, as when the races of mankind lose their peculiar features by transmission.

When constitutional peculiarities or certain trends in the action of the vital force are morbid in character, arising from causes known or unknown, when these morbid forces become eruptive, the morbid processes are peculiar and distinctive. Thus we have a malignant tumor from a constitutional dyscrasia, of which the local disease is but the local manifestation, or a local eruption of a diathetic force or

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trend, dominating the vital force when ordinary morbific causes light up disease in an organ, and producing a morbid action peculiar to itself, as phthisis in the tubercular diathesis. The constitutional dyscrasia or diathesis is necessary to the local appearance of the disease; in its absence only a non-diathetical disease is developed.

A diathesis may be regarded as a morbid condition of the vital matter of the body, impressed on it more or less apparent, by causes acting on it slowly and persistently, but slightly, through many years, while the effects of such causes in a certain direction are transmitted from generation to generation, accumulating in force in its transmission, until a diathesis has been established in the organism, which thenceforth characterizes its vital operations in those parts which are the more susceptible to morbid action. Thus in the tubercular diathesis, the lymphatic system is chiefly affected because of its lower vitality.

A diathesis is a constitutional condition of slow growth, and one of such a permanent character, as to be transmitted, and to become accumulative under favorable conditions and environment which take a wide range. An important factor in giving to a diathesis a gradually increasing intensity is the mixture of bloods in reproduction. Doubtless it is also an active cause in the genesis of diatheses. It is universally regarded in life insurance circles as an effective agent in increasing the intensity of the force of the tubercular diathesis, since persons born of parents, in both of whose families members have died of tubercular consumption, are not admitted to insurance. This fact would not be regarded as of any importance if the disease were not held to be hereditary. Facts brought out by life insurance go far to prove the hereditary character of phthisis: for with all the care exercised in the selection of lives, and especially to avoid cases having an hereditary tendency to this disease, quite a uniform per cent die of the disease. In losses by death from consumption, the records of five companies gave a percentage in all of 19-20 per cent, a ratio not obtaining in the case of any other disease, a fact which shows the uniform persistence of some cause operating to occasion death by this disease; a cause that lies within the body, a force-trend that leads to particular results.

That tubercular consumption is not a local disease of an infectious character, occurring only from infectious matter, but is based on a constitutional make-up, resulting from the trend which vital action shows under the influence of a diathetic force, is further evident from certain facts which have escaped the notice of many who have written on the subject, and virtually of all, since no one has given them the consideration they deserve. What observations have been made of them, have been incidental rather than emphatic, so as to engage attention. These facts are certain feature of the organism, which are well nigh pathognomonic of the disease; features of structure that correspond to the action of a constitutional morbid trend, and indicate the future local manifestation of the disease.

There is a proportional harmony in the structure of all species of animals, very apparent in the higher orders; and when this proportion does not exist in an individual of the type, the fact indicates a constitutional weakness in the vital operations of the organisms. So exact are the elements of proportional harmony that from one the whole structure can be made out. It is a law of structural proportions of normal organisms that any departure from that proportion is evidence of abnormality in the forces of the organism. Examples are numerous, though they may not

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have been observed, as many of us "look at things, but do not see them." An example we have in the horse. In the colt, a close observer cannot fail to notice the length of the legs compared with the size of the body, how singularly long they seem to be. This is the normal harmony in the colt, but abnormal in the adult horse, in which the legs are not much longer than they were in the colt; but his body has increased the more. It is said, therefore, of the horse, that he "grows to his legs." The same is true of the dog, as everyone may satisfy himself by observation. A failure of the colt to reach the harmony of the horse is an indication that such a horse is below the normal as respects constitutional vigor and capacity for indurance. Such a horse is said to have "too much daylight under him;" and hence one who sees the force of the objection will not buy.

As respects the human organism, the reverse obtains. The infant has a comparatively long body and short legs. This is its normal harmony. In development, "the legs grow to the body." In the adult, the proportional difference is not so great as in the child; but still the body is longer than the extremities. This is the proportional harmony of structure in the adult. Now, if in growth to maturity, the extremities should encroach on the body, so that these two divisions of the body should become of nearly or quite the same length, the fact would declare a low vitality of the organism, rendering it short-lived—an easy prey to disease.

In such a body, it will also be observed that the upper extremities are abnormally long. The hand and fingers will also be long, and the length of palm and fingers of about the same length, corresponding to the proportion existing between the trunk and lower extremities. There will be also a long and slender foot with low instep. In addition, the points of the shoulders will be on a line with junction of the neck and trunk, giving the appearance of square shoulders. The back will be "flat," and not roundish as in the normally constructed organism. The neck will be long and slender. Black hair and beard with blue eyes also indicate the tubercular tendency; and sooner or later the person will succumb to phthisis. Now, all these structural peculiarities arise from the tubercular diathesis which dominated and directed the life-force during the life of the individual,—a trend of vital action imposed by the like force existing in the parents, one or both, or arising more immediately by the union of different bloods, as in the breeding of animals.

These peculiarities of individual structure have doubtless been noticed by every physician, though their significance may not have arrested attention. If one will observe them in connection with tuberculosis, he will find that they hold a constant relation to the disease. Where they appear, the tubercular diathesis exists as their determining cause; and where the diathesis exists, the features of structures will appear with a distinctness proportionate to the strength of the diathetic force.

This constitutional or diathetic state of the body may continue through a considerably long period of time before it is developed in the local manifestation of the constitutional condition; or the subject may be carried off late in life by quite a different disease. This may come of a weak strength of the diathesis, or from great care in protecting one's self from the ordinary causes of disease, or from change of climate, occupation, personal habits, etc. But under ordinary circumstances, persons of this build rarely reach middle life. If they die not of phthisis

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they succumb to some ordinary disease from which a person, not having this diathesis, readily recovers.

We know of no external morbific agent that can produce these structural features, either in a short or long time. They arise in reproduction. A low form of vitality akin in kind to the tubercular diathesis, may be fastened on the body in the course of its growth and development to maturity, by causes included in environment; but such depravity of vitality, increased by occasional attacks of disease, will not eventuate in phthisis unless there exist in the same body the constitutional dyscrasia, or tubercular diathesis. Evidence of this, direct and indirect, lies all about us, offering almost daily examples of the principle that constitutional conditions determine, in a great degree, the phenomena of local disease.

Special Correspondence

THE MEDICAL HERALD is pleased to announce that arrangements have been perfected for the publication of a New York letter every month, the first of which appears in this issue. As these letters are from the pen of one who is well known in the east, but whose modesty prevents the publication of his name, we can only say "read 'em," and keep posted on matters medical and surgical in the great center. Similar arrangements will soon follow with Philadelphia, Baltimore, Chicago and St. Louis, as the HERALD is determined to present to its readers the thoughts and doings of the bright lights of the profession, no matter how far distant, or what expense is incurred in the undertaking.

International Medical Congress

AN International Medical Congress, so far as the discussion of the use and effect of alcohol can give the congress a medical character, is called to meet at the Prohibition Park, Staten Island, N. Y., on the 4th of July next and to continue to the 16th of August inclusive. Many distinguished speakers will be on hand to entertain and instruct those who shall be able to be present The congress will have for its presiding officer Dr. Nathan S. Davis, of Chicago, Ill. The list of speakers embrace both men and women; lawyers, doctors and clergymen of national reputation. During the time, other subjects will be discussed by the various speakers; topics covering a wide range, medical, religious, literary, ethnological, etc.

Our Vienna Letter.

ON another page will be found Dr. Lewis' second letter from Europe, which is written in his usual happy strain, and will be found very interesting. The Dr. finds very little idle time at present we should judge; for in addition to the "brushing up" his medical knowledge is receiving, the hours consumed in corresponding, &c., he is also collecting material for his new journal, and securing a list of foreign collaborators, as he intends making his journal a reflection of European as well as American medical and surgical practice.

DOCTOR, send us your original articles for publication. We will illustrate them free of charge, and your paper will brought to the notice of thousands of M. D's.

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St. Louis' New Medical Journal

IT is now an assured fact that Dr. Bransford Lewis, will immediately upon his return from Europe, commence the publication of a medical and surgical serial, conducted after his own original ideas. The doctor does not as yet reveal the title of the new journal, but has adopted a novel method of bringing his magazine to the notice of the profession. In another part of this issue will be found a design, within which is hidden the name of the magazine, and the Dr. proposes to mail it free to those sending in correct solutions.

Dr. Lewis announces his intention of making this journal a surprise to the profession, inasmuch as it will be a departure from the beaten path of medical literature. THE MEDICAL HERALD but voices the sentiment of the many friends the Doctor won while editor of the *Weekly Medical Review*, when it wishes the venture abundant success.

TREATMENT OF BOILS.—Dr. Veiel, at the annual meeting of German physicians held at Bremen, stated that he had used in the treatment of furunculosis a paste consisting of equal parts of oxide of zinc and vaseline, to which was added four per cent boric acid. This ointment was thickly spread on lint. In cases of circumscribed furunculosis the paste was rubbed in and around the diseased parts three times daily. If the affection was universal the whole body was rubbed with the application. Sublimate baths were at the same time used when the patient could bear them. In a case of universal furunculosis a perfect cure was obtained in seven weeks. Large boils were poulticed.—*Lancet-Clinic.*

IS AN affection that arises from a condition of the system—whether more in the blood than elsewhere or not—to be treated by local means? We have not so read the principles of medicine. Calomel given internally will cure all such cases without any local application but a soothing one, as a poultice or vaseline. Incision, of course, when pus has formed.

BOILS AND CARBUNCLES.—These should be treated heroically, a crucial incision should be made under cocaine and the wound packed with antiseptic gauze.—*Kansas Medical Journal.*

Before you do this try a better method. Give calomel until the fever is reduced, and the digestive secretions are restored, then give Tr. Mur. Fer. in 20 drop doses every four hours, and see how soon your patient gets well.

THE editorial management of the *Medical News*, of Philadelphia, has passed into the hands of Dr. Gould of that city, who brings to the work "both a literary and medical training besides an experience which gives ample guaranties," that will insure its deserved reputation with the profession.

DR. J. C. CULBERTSON, who conducted *The Lancet-Clinic*, of Cincinnati, for a period of seventeen years, has taken charge of the editorial management of *The Journal of the American Medical Association*, of Chicago, a very flattering testimonial to his professional ability, and fitness for such work.

ANOTHER great and good man rests from his labors. On the 30th day of May, Dr. Fordyce Barker died at his home in New York City after a brief illness—appoplexy—at the ripe age of 73. The *profession* will mourn its loss, and many friends will grieve over theirs. Such men do not wholly die. "Though dead, they yet speak" to after generations.

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Our Book Table

Wood's Medical and Surgical Monographs for May, Vol. 10, No. 2. We are always amazed at this publication. In this number we have *Differentiation in Rheumatic Diseases (so-called)*, by Hugo Lane, L. R. C. P. *Mental Affections of Childhood and Youth, and other Papers*, by J. Langdon Down, M. D. *Cure of Morphia Habit*, by Oscar Jennings, M. D. *Notes on the examination of the Sputum, Vomit, Fæces and Urine*, by Sidney Copeland, M. D.

The Pocket Materia Medica and Therapeutics, by Prof. C. Henri Leonard, A. M. M. D.; Professor of Medical and Surgical Diseases of Women and Clinical Gynecology in the Detroit College of Medicine, etc.

This is a very handy book—a *multum in parvo*, which every one who has it, says, "Well, this is the very thing I wanted." It is published by the Illustrated Medical Journal Company, Detroit, Mich. Price in cloth $1.00.

Practical Treatise on Electricity in Gynæcology, by Egbert H. Grandin, M. D., Chairman Section on Obstetrics and Gynæcology, New York Academy of Medicine; Obstetric Surgeon, New York Maternity Hospital; Obstetrician, New York Infant Asylum, etc., and Josephus Gunning, M. D., Instructor in Electro-Therapeutics, New York Post-Graduate Medical School and Hospital; Gynæcologist to Riverview Rest for Women; Electro-Gynæcologist, North-Eastern Dispensary, etc. Illustrated. Octavo, 180 pages. Muslin, $2.00. New York: William Wood & Company.

The use of electricity as a remedial agent is yet in its infancy; but in the estimation of its specialists it is quite a robust infant. The mental vice of specialists is too much confidence in their agent and method. The use of this agent in diseases or local conditions of an inflammatory character, we can not believe to be so hopeful as is claimed. It has not proved its superiority or preference over other and older methods. Functional uterine affections are to often the result of systemic conditions to be cured by any local remedy. Dysmenorrhœa, amenorrhœa and menorrhagia are sometimes, if not frequently, but symptoms of a cause operating elsewhere than in the uterine system. But as a means of resolution or destruction, electricity is, doubtless, a very valuable agent. It may also be granted that its action on muscle and nerve tissues is oftentimes very beneficial; and in many instances, probably, the very best of agents. However, as to the possibilities and probabilities, one may satisfy himself by consulting and following the course pointed in the volume of Drs. Grandin and Gunning.

Lippincott's Magazine for June maintains its reputation.

Gold of Pleasure, by Geo. P. Lathrop is a well-written piece with a pleasing and simple plot; *Familiar Letters of Horace Greeley*, are still interesting; *A Literary Pet*—A good mirror for some one, probably many; *Is Alaska Worth visiting?* Yes, if the scenery is as charming and beautiful as the diction of the author—Grace Peckham, M. D.; *Sonny*, will moisten the eyes of grandpas. And written by a lady! Her boy must be "Sonny;" *The College Settlement*—What can or what should be said for this? It fills the heart too full for utterance. There is the usual supply of poems by gifted authors.

The Chautauquan for June entertains its readers with a great variety of interesting matters, which must be read to be appreciated. Their number would make almost a volume.

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MEDICAL SYMBOLISM, by Thomas S. Sozinskey, M. D., Ph. D. F. A. Davis, Publisher, Philadelphia.

This work treats of certain symbols which were associated with the Art of Curing by the various peoples of antiquity—Assyrians, Egyptians and Grecians particularly, and the author has gathered enough to make a very entertaining book. The subject itself is of much interest, especially to minds of a speculative turn and taste. It is one of those subjects which attracts interest, because in it the human mind has shown its struggles and displayed its efforts to formulate shadowy traditions, and to seek the sources of beliefs and customs coming down from generation to generation, and through so many, that facts have faded into myths, and left the mind feeling after shadows which it is feign to believe point to substances in the beginning. Mythology has a logical basis. The imagination can not create *de novo*. It must have some facts for its fancies and some material for its creations; and these assume a shadowy form in proportion as the period of darkness is removed from that of light. Mankind, having been formed into peoples by the confusion of language, and drifted apart into regions more and less remote, the knowledge they held in common before separation, gradually faded from generation to generation until it became shadowy and dreamy, and then fantastic forms were made to embody their ideas; forms that spoke to them in a language which words could not embody. These forms were symbolic, and doubtless, to their minds, very descriptive and expressive. The serpent seems to have been associated by all people with the idea of cure. Some great fact that lay too far back for their minds to grapple with, loomed up before their imagination in a form dreadful of some great and impending evil, from whose baneful influence they shrank in dread and alarm, and sought the aid of a superior power to shield them from its influence. This great fact was in some way connected in their imagination with the serpent. This itself is a strange and singular fact, and points to some reality that had almost faded from the minds, and left behind only the outlines of itself. There were many phases of this thought among the different peoples, and hence the symbol took some different or modified form, preserving the original reality in the form of the serpent. When we consider that this idea, that there was something to be held in dread and alarm, and which was sombolized by the serpent, was retained only in symbol by peoples whose history reaches back into the centuries of years in the past, and was to them mythical, we can readily believe that the realty was a true tradition among the men of the antedispersion, and had come down to them from the family of Noah, and the post-diluvian progenitors of the race. Noah was cotemporary with Methuselah five hundred years; and Methuselah with Adam fifty-six years. To Methuselah Adam told the story of his life in Eden and the cause and circumstances of his leaving it, and Methuselah told his grandson Noah the same story; and we know how well the tradition was kept by the sons of Shem from the lucid and simple history given of this story by Moses. The fact in this history which probably gave origin to the symbol of the serpent in connection with medicine was that mentioned by Moses in Gen. 3:1-7. The serpent was connected in the minds of the race with all the evil mankind had suffered; was the symbol of a power that could do them harm; and finally made, by what we call the superstitions, the symbol of the power that could and would deliver them from actual suffering or impending evil.

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PRACTICAL Points in the Management of the Diseases of Children, I. N. Love, M. D., of the series of The Physician's Leisure Library, George S. Davis, Publisher, Detroit, Mich.

PRACTICAL NOTES ON URINARY ANALYSIS; by W. B. Canfield, M.D.; Geo. S. Davis, Publisher, Detroit, Mich.; Cloth, 50c; paper, 25c.

We must not judge of the real value of this treatise by its price. The work is as good as some that cost a great deal more, and for all practical purposes as good as any. Every physician should get it, if not already supplied.

PRACTICAL Treatise on Electricity in Gynecology, by Egbert H. Grandin, M. D., Chairman Section of Obstetrics and Gynecology, N. Y. Academy; Obstetrical Surgeon N. Y. Maternity Hospital; Obstetrician to N. Y. Infant Asylum, and Joseph H. Gunning, M. D., Instructor on Electro-therapeutics, N. Y. Post-Graduate Medical School and Hospital; Gynecologist to Riverview Rest for Women; and Electro-gynecologist N. E. Dispensary, etc., 8vo, pp. 100; Wm. Wood & Co., New York.

NORTH AMERICAN REVIEW for May has the Gospel Wealth, Irresponsible Wealth, Favorable Aspects of Socialism, by the Rt. Hon. Jos. Chamberlain, The Wiman Conspiracy Unmasked, Canada and the United States, Napoleon's Views of Religion, Common-Sense on the Excise Question, The Modern Extinction of Genius, Our Business Prospects, Lynch Law and Unrestricted Immigration, The Politician and Pharisee, Notes and Comments.

LIPPENCOTT'S MONTHLY MAGAZINE for May. This is a rich number, Julien Gordon leading in a very entertaining article with the singular caption of *Vampires*, "That Hound o' Joel Trout's" and "Polly" will engage attention. "The Personality of the Prince of Wales," by Frank A. Burr, will be read with more than usual interest on account of the Prince's recent (?) embarrassment.

THE ARENA for June is again filled with much choice matter:

An excellent picture of the Editor as we take it, faces the reader. It is to be hoped that he is "fixed." It is the visible part of his writings. Their tone, pathos and energy speak out in that face. We now know that the *Arena* is adorned by a brilliant flower. *The New Columbus*, an interesting serial, is begun by Julian Hawthorne, will not find a better America than did the old. *The Unknown*, by Camille Flammarion, is an old story out West. Demonology can hardly be said to be unknown. *The Chivalry of the Press*, by Julius Chambers, will be read by everybody. *Society's Exiles*, by the editor, will absorb attention. He drives a plowshare. *Revolutionary Measures and Neglected Crimes*, will stir up the heart and raise the temperature to the boiling point. *The Better Part*, by Wm. Allen Dromgoole, will set the thoughtful to thinking, grieving, and —well, there is a hereafter where some men will get their deserts and innocence its sweet reward. *Editorial Notes*, dealing with problems of the present, are full of thought and energy of expression. When one reads them he will know what the writer thinks. There are other papers which will have interested readers.

REPRINTS.—The use of segmented rubber rings in intestinal anastomatic and other operations. A new intestinal clamp. A new method of performing pylorectomy. A unique case of stab-wound of thorax and abdomen—recovery. Extirpation of kidney for enormous myxo-sarcoma in a child three years and eight months old, by A. L. V. Brokaw, M. D., St. Louis.

Resection of the Optic Nerve, by L. Webster Fox, M. D., reprint, *Medical and Surgical Reporter*, Philadelphia. The Aseptic Method as Applied to Intranasal Surgery, by John O. Roe, M. D., Rochester, N. Y. Reprint from *Medical News*. Stricture of the Oesophagus, from interstitial thickening of its walls, a Fibroid Hypertrophy, by Jno. O. Roe, M. D., Rochester, N. Y. Operative Procedures in Acute Suppurative Peritonitis, W. E. Davis, M. D., Birmingham, Ala.

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Crumbs.

THE sale of tuberculin to physicians in Munich has been forbidden. Is this designed as a punishment?

WIFE. (Reading about the baccarat scandal) My dear, what is baccarat? Husband (looking up from his paper) What is bacca*rat?* Why, it is the rodent of the British throne.

WHEN many ways and means are employed in treating a particular disease, phthisis for instance, and all are reported as attended by excellent results, you may set it down as a fact that those ways are foggy, and those means very doubtful.

MEN of genius, we are told, have two lives. The author of "The Insanity of Genius" discusses the question: "Of what did Shakespeare die as a *man?*" Now they are discussing his death as a *genius*, and Ignatius Donnelly is the "Cock robin with his bow and arrow."

THE Government is boring an Artesian well in West Virginia, and has gone be the depth of 4,500 feet, and expects to go farther—at least a third more. Can it to that the Government has entered the field of theology, and set out to discover the point mooted by many? Well, the temperature *does* increase as you go down.

The Medical Press and Circular says that "Kochism dies rapidly;" that it may be said to have "galloping consumption." This reminds us of a doctor in St. Louis, who, during the cholera of 1849, published in the daily papers that *he* had discovered a specific for that disease, and in one week after the daily papers announced his death by cholera.

METHACETIN.—Methacetin, recommended by Meinert as a good antithermic for children, is also endorsed by Seidler. Five to ten grains is the dose. Free sweating attends its action. The temperature begins to fall in from fifteen to thirty minutes, and reaches its *maximum* in three hours.

That is zero or death.

AN enterprising lady has been making inquiries as to what class of the bewitching sex enjoys the best marriageable prospects, and she has discovered the fortunate and happy class to be trained nurses. Who would have thought so? There is an omission which we would like to have supplied: From what class were the husbands taken? Recent graduates often obtain a position on the medical staff in hospitals.

WOMEN are edging their way quietly, but surely, into many positions in the business world once held to be the exclusive prerogative of the sterner sex. But it looks now as if the gentle and attractive type-writer, stenographer, sales-woman, cashier, etc., "have come to stay." And it looks very much in the same way when we see them in the lecture room of medical colleges. Now the news comes that they are becoming pharmacists, Medicines will taste much better, even when sugared, if we know that delicate hands and nimble fingers sweetened the compounds.

OUR Vienna correspondent tells us that medical students in Germany find themselves edging on forty before they feel themselves fully prepared for the work of life. What's the trouble? Germans have the reputation for mind and industry; yet the Yankee leaves them far in the rear. He is nearly ready to die or retire, when they get their shoes on. What we want here is a diploma, and the sooner we can get this, the sooner can the public have our services. It is standing at the door of every "green-room," and saying, "hurry up, we are tired waiting." *A three years course!* What does the world take us for? Germans?

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"Your manuscript, if you please." This is said to all who have anything to say, and are willing to say it in the Herald, and to have their name *Keruxed* to the —well, "from Dan to Beersheba."

Another and another disinfectant! Their number is increasing so rapidly and becoming so great, that we may soon find ourselves so environed by them as to become impregnable to the attacks of all microbes, and enter on a millennium of undisturbed peace and uninterrupted good health.

If the government succeeds in breaking droughts, it might then try its hand on epidemics by exploding pure nitro glycerine for bacteria. A ton exploded five miles above the surface would likely drive the whole brood beyond the clouds or the limit of the atmosphere. If something is not done soon, mankind cannot continue much longer to breath the air and drink the water so neccessary to his being.

Doctors sometimes lie awake in the night. An active mind is not a sleepy mind. If the world could only have the golden thoughts which comes through their mind when they lie on their bed and think! It would, doubtless, be much the better and happier therefor. Now, it occurs to us that this great waste of good things might be prevented, and the world infinitely blessed, if doctors would marry only type-writers. They could place the machine at the bedside and catch the fleeting thoughts of an awakened brain, as they float away into the dreamland.

To Remove the Pigmentations of Pregnancy.—In the *Journal de Medecine de Paris*, January 4, 1891, the following ointment is recommended to be rubbed into the affected parts twice daily to remove the pigmentations which so often disfigure pregnant women:

℞ Cocoa butter.....
Castor Oil.....aa ℥ij¼.
Oxide of zinc.....gr. v.
Yellow oxide of mercury.....gr. ij.
Essence of Rose enough to perfume.....

The Prevention of Ophthalmia Neonatorum. The Revue Generale de Clinique et de Therapeutique gives the following treatment used by Valenta for the prevention of this dangerous affection of the new-born. After pointing out that Crede's method, that is, the instillation of solutions of nitrate of silver, possesses many dangers, he proposes that we replace this liquid by solutions of permanganate of potash. The solution which he employs is sufficiently concentrated to be of a dark-red color. This is to be applied to the eyelids by means of a cotton tampon, and inmmediately afterwards by the aid of another tampon the conjunctival sac is to be cleansed. These operations should be performed immediately after birth if they are to be successful.

The government is making some experiments in the production of rain-fall, for the benefit of the farmers in particular and the public in general. Drought may be providential or what we call accidental; and it is beyond our power to tell, in any particular case, which. But everyone regards the attempts as legitimate, and all await the result with interest. But there is a drought which people hail with delight, and we submit to the legitimacy of this "hail." But—there is a noble class of men (and a few women) who nevertheless, are affected by this drought; and they are not permitted to make experimenis to break the drouth. Spells of epidemic good health come, and the poor doctor does not see where his bread is to come from, and he hardly dares to pray for it, though permitted to pray daily for it. What is to be done in such a case? Without sympathy from a joyous public, he takes down the rod and line, and seeks the cool shade of a lake or stream and communes with the finny tribe. The lack of sympathy goes farther. Should he be wanted while absent, he is berated for his absence. He must not spend, "but be spent." He is not a factor in governmental estimates.

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Medical College Notes

THE KANSAS CITY MEDICAL COLLEGE is in flourishing condition, and will open its fall and winter term October 6.

THE GROSS MEDICAL COLLEGE, of Denver, Colo., has an announcement in this issue, to which we refer our readers.

THE KANSAS MEDICAL COLLEGE, Topeka, Kansas, and the Post-Graduate Medical School and Hospital of Chicago, are both represented in our college editions.

THE summer session of the New York Post-Graduate Medical School is now in progress, and affords an excellent opportunity for the practitioner to put his summer vacation to practical use.

THE JEFFERSON MEDICAL COLLEGE, of Philadelphia, enters upon its sixty-seventh session October 1, 1891, and it will be of seven months' duration. The preliminary lectures commence September 21.

THE WOMAN'S MEDICAL COLLEGE, of Cincinnati, is now entering its second year and a very promising one it is. Every advantage in clinical instruction has been provided for and the course will be thorough and practical. See their full page announcement in this issue.

THE CHICAGO COLLEGE OF OPHTHALMOLOGY AND OTOLOGY is the oldest eye and ear college in the United States, and employs an able corps of instructors. Doctors desiring to gain a higher knowledge of these special branches should correspond with Prof. B. A. Canfield, M. D., Dean.

THE fifty-fifth regular session of the medical department of the University of Louisville, Ky., begins September 14 and closes March 14, 1892. This old established school grows in popularity each year, and will, no doubt, graduate a very large and intelligent class the coming term.

THE attention of our readers is called to the advertisement of the Hannibal Medical College, Memphis, Tenn., in this issue. This institution is for the medical education of colored students, and is conducted by worthy and qualified teachers. Donations of any character are thankfully received from the profession.

THE MARION-SIMS COLLEGE OF MEDICINE, St. Louis, Mo., enjoyed the phenomenal enrollment of 145 students last session, which for the first year was truly remarkable. The faculty are sparing no pains to make the second session, which opens September 15, surpass that of 1890-1891. A glance at their full page announcement in this issue will furnish evidence of their progressive spirit and enterprise.

THE ENSWORTH MEDICAL COLLEGE has just issued its fifteenth annual catalogue and announcement in its usual attractive form. Although a much larger edition is issued this year than ever before, still there may be occasionally a doctor who is missed, on account of removal or otherwise. If any of our readers be among the number that "were missed," a card addressed to the institution will bring you a copy. The session of this well-known school begins October 1, 1891, and closes March 2, 1892. The hospital it connection with this college provides a constant bedside observation for the students, which is so indispensable to thorough, practical, medical education.

THE MEDICAL HERALD is daily in receipt of so many letters from both readers and advertisers flattering the present management of the journal, that we feel quite "puffed up," and it is with pleasure that we give space for a few expressions in this issue. (See pages 2 and 320.) We are working in the interests of glory, and are gratified to know our efforts in that direction are appreciated.

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CH. MARCHAND'S

PEROXIDE OF HYDROGEN,

(MEDICINAL) H_2O_2 (ABSOLUTELY HARMLESS.)

Is rapidly growing in favor with the medical profession. It is the most powerful antiseptic known, almost tasteless, and odorless.

This remedy is not a Nostrum.

Can be taken internally or applied externally with perfect safety. Its curative properties are positive, and its strength and purity can always be relied upon.

A REMEDY FOR

DIPHTHERIA; CROUP; SORE THROAT, AND ALL INFLAMMATORY DISEASES OF THE THROAT.

OPINION OF THE PROFESSION.

Dr. Geo. B. Hope, Surgeon Metropolitan Throat Hospital, Professor Diseases of Throat, University of Vermont, writes in an article headed, "Some Clinical Features of Diphtheria, and the treatment by Peroxide of Hydrogen" (*N. Y. Medical Record*, October 13, 1888). Extract:

". . . On account of their poisonous or irritant nature the active germicides have a utility limited particularly to surface or open-wound applications, and their free use in reaching diphtheritic formations in the mouth or throat, particularly in children, is, unfortunately, not within the range of systematic treatment. In Peroxide of Hydrogen, however, it is confidently believed will be found, if not a specific, at least the most efficient topical agent in destroying the contagious element and limiting the spread of its formation, and at the same time a remedy which may be employed in the most thorough manner without dread of producing any vicious constitutional effect. . . .

"In all the cases treated (at the Metropolitan Throat Hospital), a fresh, standard Marchand preparation of fifteen volumes was that on which the experience of the writer has been based. . . ."

Dr. E. R. Squibb, of Brooklyn, writes as follows in an article headed "On the Medical Uses of Hydrogen Peroxide" (*Gaillard's Medical Journal*, March, 1889, p. 267), read before the Kings County Medical Association, February 5, 1889:

"Throughout the discussion upon diphtheria very little has been said of the use of the Peroxide of Hydrogen, or hydrogen dioxide; yet it is perhaps the most powerful of all disinfectants and antiseptics, acting both chemically and mechanically upon all excretions and secretions, so as to thoroughly change their character and reactions instantly. The few physicians who have used it in such diseases as diphtheria, scarlatina, smallpox, and upon all diseased surfaces, whether of skin or mucous membrane, have uniformly spoken well of it so far as this writer knows, and perhaps the reason why it is not more used is that it is so little known and its nature and action so little understood. . . .

"Now, if diphtheria be at first a local disease, and be auto-infectious; that is, if it be propagated to the general organism by a contagious virus located about the tonsils, and if this virus be, as it really is, an albuminoid substance, it may and will be destroyed by this agent upon a sufficient and a sufficiently repeated contact. . . .

"A child's nostrils, pharynx and mouth may be flooded every two or three hours, or oftener, from a proper spray apparatus with a two volume solution without force, and with very little discomfort; and any solution which finds its way into the larynx or stomach is beneficial rather than harmful, and thus the effect of corrosive sublimate is obtained without its risks or dangers. . . ."

Further on Dr. Squibb mentions that Charles Marchand is one of the oldest and best makers of Peroxide of Hydrogen, and one who supplies it to all parts of the country.

CAUTION.—I would earnestly impress upon the profession the very great importance of prescribing only my Peroxide of Hydrogen (medicinal), from which all hurtful chemicals have been eliminated. By specifying in your prescriptions "**Ch. Marchand's Peroxide of Hydrogen (Medicinal),**" which is sold only in ¼-lb., ½-lb., and 1-lb. bottles, bearing my label and signature, you will never be imposed upon. Never sold in bulk. PREPARED ONLY BY

A book containing full explanations concerning the therapeutical applications of both CH. MARCHAND'S PEROXIDE OF HYDROGEN (Medicinal) and GLYCOZONE, with opinions of the profession, will be mailed to physicians free of charge on application.

☞ Mention this publication.

Charles Marchand

Chemist and Graduate of the "Ecole Centrale des Arts et Manufactures de Paris (France).

SOLD BY LEADING DRUGGISTS.

Laboratory, 10 West Fourth Street, New York.

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NERVOUS EXHAUSTION

HORSFORD'S ACID PHOSPHATE

Recommended as a restorative in all cases where the nervous system has been reduced below the normal standard, by overwork, as found in brain workers, professional men, teachers, students, etc.; in debility from seminal losses, dyspepsia of nervous origin, insomnia where the nervous system suffers.

It is readily assimilated, and promotes digestion.

Dr. B. H. Boyd, Lafayette, Ind., says: "I have used it in several cases of nervous exhaustion, with uniformly good results."

Send for descriptive circular. Physicians who wish to test it will be furnished a bottle on application, without expense, except express charges.

Prepared under the direction of Prof. E. N. Horsford, by the

RUMFORD CHEMICAL WORKS, Providence, R. I.

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CAUTION:—Be sure the word "Horsford's" is Printed on the label—all others are spurious. Never sold in bulk.

HORLICK'S

MALTED MILK

Pure, Fresh Cows' Milk, sterilized and combined with a Malted Extract of Selected Grain.

The **Casein** of the Milk will not coagulate, having been partially digested by the action of the Plant Pepsin, obtained from the cereals malted according to our special process.

It is **Free** from **Starch**, all of which has been converted into soluble dextrine and grape sugar, by the action of the barley malt.

We furnish samples to physicians not acquainted with the preparation. Why not send for one?

Requires No Cooking, No Addition of Milk, and is Prepared for Use in One Minute by adding Water only.

MALTED MILK CO.,

39 Snow Hill, London, E. C.

RACINE, WISCONSIN

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PROGRESS

Iodide of Potassium for the Diagnosis of Phthisis.—Sticker renews an observation made by him a few years ago, which he has in the meantime confirmed, and successfully used for the diagnosis of doubtful phthisis. He finds that where a lesion exists at the apex of a lung, suspected by an impairment of resonance, and alteration in pitch or a harsh respiratory murmur, but without rales or blowing murmur, the latter may be produced by giving, for few days, small doses of iodide of potassium. It seems as if the drug stimulated secretion, especially in the neighborhood of diseased tissue, thus giving rise to rales. If moderate doses of the iodide be administered to a healthy person, no changes can be detected in the lungs; but in a case of diffuse dry bronchitis, in the course of a few days an extensive moist catarrh, with fine and coarse moist rales, results. Similar manifestations appear in the area of circumscribed pleural adhesions or pleuritic roughenings. Not rarely the evidences of local reaction are gradually obscured by the signs of diffuse catarrh. In four cases of suspected tuberculosis, in which repeated physical examination of the lungs proved negative, the administration of the iodide for diagnostic purposes produced distinct signs of localized reaction in one or both apices, with tuberculous sputa.—*N. Y. Med. Jour.*

Urinary Concretions.—These concretions are formed either in the kidneys, where they constitute renal calculi, or in the bladder, forming the various kinds of vesical concretions. Renal calculi themselves not infrequently form the nuclei of vesical calculi. The object of physicians has always been to endeavor to render these soluble and thus permit their escape in the urine, avoiding the necessity of performing any surgical operation; this is the more desirable, as operations are frequently dangerous, more especially if the disease has continued for some time and debilitated the patient. Lithia and potash, in combination, especially act as dissolvers of these concretions, and when other very soluble alkalies are added we have obtained the requisite condition to prevent the formation of otherwise insoluble urinary concretions. This much being gained the medication which is indicated in the special case under treatment may be pursued. The chief difficulty which has hitherto existed has been that the waters usually administered do not contain enough lithia salts. In fact, there is no natural spring which contains lithia salts in sufficient quantity to make the water effective unless great quantities are taken. For this very reason, a uniform, reliable artificial water is to be preferred. This has been found in the well-known and popular Garrod Spa or Lithia-Potash Water of Enno Sander, who has devoted a large amount of time and skill in order to obtain a desirable article. Its efficiency may be judged of when it is taken into consideration that every pint of water contains thirteen grains of bicarbonate of lithia in combination with the same salt of magnesia and potassa together with some sodium chloride. One fact must not be lost sight of and that is that in such cases as those described above, there is a continuous production of acid in the stomach and this is one of the conditions which must be combatted. By the continued use of Garrod Spa this tendency is so controlled that it gradually becomes

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less and less until the time arrives when it ceases entirely. This period, however, must not be anticipated by the physician and lead to a too hasty action in leaving off the administration of the water. Much judgment is necessary and the impatience of the patient must be subdued and the water persisted in until its final good effect leaves no room for doubt.—*Medical Mirror.*

Artificial Infant Feeding.—Infant feeding has demanded and received a large share of professional attention during the past decade. Of course we refer to the feeding of infants, who, from any cause, are deprived of the mother's milk. Whenever a healthy mother can supply sufficient nourishment to her babe, it is the duty of the physician to insist that she shall nurse the child before every other consideration. But if the mother is at all debilitated or afflicted with any kind of disease, it is always best to feed the child artificially from the start. In artificial feeding of infants, the common custom is to substitute cow's milk by reducing it one-half or two-thirds with water, which so reduces the quantity of the nutritious elements that the child is not half nourished. Many people recommend the use of condensed milk, but our experience with its use has been anything but favorable

The uncertain quality of the milk sold in our large cities, and the excess of sugar necessary to preserve the condensed milk, make it impossible to prepare from these sources an infant food that will give proper nutrition. Where, then, can we find a substitute that will supply the nutrition necessary for the growth of an infant, and at the same time be always at hand ready for use? After an experience extending over a period of twenty-five years, during which time we have used almost every variety of infant food, we are satisfied that we have in Lacto-Preparata and Carnrick's Soluble Food the most perfect and rational substitutes for mother's milk that have ever been introduced to the profession. The Lacto-Preparata is prepared wholly from milk, with the caseine digested and part of the butter replaced by cocoa butter. This is the most suitable food for infants during the first six months of life. It is easily prepared by the simple addition of water, is unaffected by keeping, and represents the normal constituents of mother's milk. The Soluble Food is composed of the solid constituents of milk, sugar of milk, and the finest quality of wheat. The starch in the wheat is converted into dextrine and soluble starch by being kept for eight hours at a temperature of nearly 300 degrees Fahrenheit. The caseine is sufficiently predigested with pancreatine to render it impossible to form hard and indigestible curds in the child's stomach. Like the Lacto-Preparata, this food will keep any length of time. It requires no addition of milk, is always ready for use, and can be prepared for the child in a few moments. It is also free from the fermentations that occur in milk, and from the development of poisons, such as tyrotoxicon, which often cause cholera infantum and other intestinal disorders. This food is all the child requires from the sixth till the twelfth month, after which soups and broths may be judiciously added. Until teething is completed, however, the Soluble Food should constitute the principal diet of the child, and even in the earlier years of childhood it will be found valuable in all cases of sickness where other foods cannot be tolerated. We were led to adopt these foods in our practice about three years ago, and since then have recommended no other. Not only does the child thrive, but the flesh is hard and

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firm, the skin has a healthy glow, and every function of the body seems to be perfectly formed. Of twenty infants for whom we have prescribed these foods from birth, not one has suffered in the slightest degree from any stomach or intestinal disturbance, even during the hottest summer months. In one case the mother was feeble and had been in poor health for years. She had given birth to five children, four of whom she nursed for several months. Three died before the age of five, and the fourth is still puny and delicate. On the birth of the fifth child we advised the artificial feeding from the start. Lacto-Preparata was used for the first six months, when the soluble food was substituted. The child is now over fourteen months old, has never taken any other food, and is the image of physical health and beauty, as well as a constant surprise to all the friends of the family. This fact should suggest the importance of always keeping the child from the breast, if the mother is not in perfect health.—*Medical Tribune.*

What is Gluten? (*By Ephraim Cutter, M. D., LL., D. New York.*—The chemist says it is "the viscid, tenacious substance which gives adhesiveness to dough. It may be separated from the flour of grain by subjecting this to a current of water, the starch and other soluble matters being washed out. Gluten consists of glutin—a white substances resembling albumen, precipitated from an alcoholic solution of gluten by the addition of water—vegetable firbin, and casein, with sometimes a fatty substance."

The morphologist (*morphos*, from; *logos*, account) studies the form elements of substances by the microscope.

Ordinary inspection is morphological, and differs from chemical as follows: Ask a chemist to analyze the contents of a court room. He would take the judge, jury, officers, plaintiff and defendant, the furniture, fixtures, floor, etc., reduce them to ashes by burning, test with reagents, balances, etc., and tell how much iron, potash, sulphur, and other chemical elements there are and their proportions. But the morphologist would look in the court room and say, There is Judge A; Mr. B, foreman of jury; Mr. C, Counsel for, and Mr. D. counsel against; there is Mr. E, sheriff; Mr. F, policeman; there are Messrs. G, H, and I among the spectators; there is a table; there are books, cushions, gas fixtures, plasterings, windows, walls, and so on. The morphologist would analyze the court room immediately by sight and distinguish its contents, while the chemist would present no individualities of distinctions by common names of forms such as everybody knows. Both chemical and morphological analyses complement each other. They do not antagonize. They should in all cases be taken together. The morphological examination of things is the common every day inspection made in becoming aquainted with life.

The word "flour" means wheat flour.

Start the morphologist on flour and he will tell you that gluten is found in two forms:

1. In cells, called gluten cells, which surround the substance or parenchyma of the grain and contain the starch grains of various sizes mixed in with.

2. The second form of gluten, *i. e.*, granular and free minute dark-colored grains hard to distinguish from the same-sized starch grains. Iodine stains gluten granules yellow and starch grains blue.

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The contents of the gluten cell ($\frac{1}{675}$ inch in diameter) are made up of granular gluten $\frac{1}{15000}$ inch in diameter on an average.

In the wheat envelope some make six coats, *i. e.* :

1. Epicarp, or outer coat.
2. Mesocarp, or inner coat of longitudinal cells.
3. Endocarp, transverse cells; cigar coat.
4. Episperm, testa; color coat.
5. Tegumen, gluten; comb coat.
6. Gluten cells, perisperm.

Now, it is evident that coats 1, 2, 3, and 4 should not be found in pure gluten flour, nor should starch, 4 and 5. Granular gluten and in cells should be all the form elements found in *pure* gluten flour.

There are, however, mechanical difficulties which are in the way of completely separating starch and 1, 2, 3, and 4 from the gluten. One of these is the deep longitudinal groove in the wheat which bulges at the bottom and comes close together at the top. When the wheat is soaked and rubbed between the folds of rough cloth, 1 and 2 outer coats are readily removed with the beard. But the groove cannot be cleared. Coat 3 can be removed, with the exception of the groove, and with it goes the germ or plumule and radicle of the embryo.

So in pure gluten flour one must expect to find 5, or gluten coat, and 6, gluten cells. There should also be present the parenchymatous gluten, which is present in all flour, and without which bread could not be made. Starch entirely separate from gluten will not make bread, as it has no viscosity, will not vesiculate or form into bubbles from the retention of air, carbonic acid gas, steam or vaporized alcohol, all of which, forming in, make the dough rise by distending the sponge of gluten filled with starch.

Now, this gluten is obtained, as stated in our definition, by washing out the starch from the dough by a stream of water. It is rich in phosphates, soda, potash, and other mineral ingredients which go to make up healthy normal tissues and which are needful to make a fully equipped human body. This leads us to ask:

WHAT IS THE VALUE OF GLUTEN?

Magendie, the immortal French physiologist, says gluten by itself secures complete and prolonged nutrition.

Pereira, the great authority on materia medica in his time, says gluten is easy of digestion, and substances which contain it largely are readily digested even by invalids and dyspeptics.

Gluten is rich in phosphates and the mineral salts in a soluble form, which, as said before, are needed to maintain health. It is soluble mineral food. For plants it is a great thing to get soluble mineral food, as farmers well know. So is it for man. Again, nitrogen exists in gluten. Although nitrogen is largely taken into the system by means of the lungs, it not wholly settled as to the amount, and therefore we must rely on what we eat and drink for the nitrogen which is found so abundantly in the body tissues. Hence the value of gluten in the food.

Starch alone is incapable of sustaining life, but combined with gluten, as found in whole wheat, it sustains life indefinitely.

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THE LAW OF THE BEAUTIFUL IN FOOD.

It is a curious ethical fact that the eye has set standards of food. It was so with Mother Eve in the Garden of Paradise. It is so with the fair daughters of Eve who bless the world and govern the diet in homes. Domestic ethics has ordained that flour bread must be white and light. But gluten in normal quantities makes the bread dark. This color does not answer the ethical requirements of modern society, hence starch takes precedence of gluten as a food, and people choose to live on food impoverished to a great extent of its gluten, regardless of the ills that come from trying to live on a food which does not possess the nutritive salts and organic compounds above named in normal quantities to balance the starch.

In the writer's opinion the ills of defective eyes, teeth, hair, bones, cartilages, etc., or, in other words, the defects that are charged to modern civilization, come more from the withdrawal of gluten from flour, which is such a general article of food. Not all the gluten is withdrawn from flour, else dough could not be made; but too much is withdrawn for health giving purposes. The mills of fashion in food grind so fine, and fashions in food have such ruts, that to get people generally to give up the idea of whiteness of their flour bread is as impossible as it is to get ladies to give up corsets. Hence any efforts to restore the lost gluten to the food should be warmly welcomed by all physicians.

There are many such preparations in the market, with so many claims to peerless superiority over each other that the mind is bewildered to know what is best. It is noticed that most of the so-called gluten foods do not come up to their own standards as stated on their labels. This is so true that the writer hitherto has morphologically found whole wheat ground fine, with all the coats left in after going through the smutting mills, the best gluten food. The Arlington wheat meal is a fair type of these meals. The writer, after careful studies of the morphologies of fæces of people who have subsisted on wheat meals, is not prepared to join in the wholesale denunciation of the presence of the coats of wheat in the bread. So far as their mechanically irritative effects are concerned, there is plenty of mucus to envelop such irritating substances, which are not so irritating as the intestinal calculi shown in the museum of the Royal College of Physicians, Lincon's Inn Fields, London. Still, meals do not make as good bread as white wheat flour, unless in very skilful hands. Moreover, so long as the curious ethics of modern times place the difficult art of bread making in the hands of the lowest class of unskilled labor—the ordinary careless, time serving, unthinking queens of the kitchen—it becomes an important question:

IS THERE A GOOD GLUTEN FOOD, MORPHOLOGICALLY?

The writer thinks there is under the purposely meant to be ugly name of "Polubeskos." The preparation is worthy of a better name. Etymologically it should be *polyboskos*, as we say polygamy, polygonal, etc.

Under the microscope it is mainly made up of masses with acute angles, composed of the granules of gluten and starch embedded therein. There is less starch to the gluten granules than in any other gluten foods we have examined.

This starch acts not on polarized light, and some grains are flattened, wrinkled, and distorted, as if cooked. I found no gluten cells as such, only one set of gluten

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comb cells empty. Very little of the integument in any specimen. A portion taken dry in the mouth and chewed soon forms an elastic mass of gluten which is superior to chewing gum and much more healthful for those who must chew gum.

It would be very easy to name other preparations which are called gluten foods and which have been examined in a like manner, but which do not compare with "Poluboskos" in sustaining their alleged character under morphological tests. It should be said that the specimen on which these statements are made was bought in open market. So long as the makers keep the present standard of quality it deserves to stand at the head of gluten foods, in my opinion.

Campho-Phenique in Minor Surgery.—The following typical cases illustrate the great value of Campho-Phenique in minor surgery: Case 1. R. H., aged 21 years, came to my office February 1, 1890, suffering with a punctured wound of the right hand, caused by a rusty nail which had penetrated fully half way through the hand. The usual domestic appliances had been made without benefit. The hand was badly swolen, and intensely painful, and there were marked symptoms of approaching tetanus. I at once thought of Campho-Phenique, and with a small probe dilated the wound and slowly poured the solution into it. I then covered the palm with absorbent cotton, saturated with the preparation, with the preparation, with instruction to pour a little on if not relieved of the pain (which, however, was much better by the this time). This, with a dose of morphia to quiet the nerves, constituted the treatment. The man called the next day, saying his hand was giving him no trouble. But for the Campho-Phenique, I fully believe I should have had a case of traumatic tetanus, with all its grave consequences, to deal with. Case 2. F. B., railroad man, came to me June 3, 1890, with the end of the index finger of his right hand pinched off and badly mashed. After carefully freeing the wound of shreds of tissue and foreign substances I dressed it with absorbent cotton and pure Campho-Phenique, with instructions to let it alone if not painful, except an occasional application of Campho-Phenique. He came again to my office ten days later, to have the first dressing removed, which I did, and found the wound nearly well and perfectly clean and free from unhealthy granulations—*Dr. J. T. Yourtee, in Daniel's Texas Medical Journal.*

Gout and Rheumatism.—There can be no possible doubt that, despite the different opinions in regard to the cause of gout and rheumatism, alkalies exercise a very good action, and tend to relieve the system of that hyperacidity which seems to be always present. In this administration of alkalies, some care is to be exercised in order to avoid those disturbances of the digestive system which may come on as a result of their continued administration. Among the best of the alkalies is lithium and its salts. Some, however, contend that its combination with other alkalies makes its action more sure and effective. A combination devised by an eminent practitioner is as follows:

℞	Lithium benzoate	gr. 12,823.
	Lithium bicarbonate	gr. 13,784.
	Potassium bicarbonate	gr. 10,000.
	Sodium chloride	gr. 10,000.
M.	Carbonated water	℥xvj.

This makes a palatable effervescing mixture which is very grateful to take, as well as effective in action. Of course, it is impossible to prepare this extemporaneously. Dr. Enno Sander has made the above in his usual thorough manner, and has named it Benzoated Lithium Water. Being palatable, it is taken by patients with a certain relish, and the peculiar taste of the alkalies does not manifest itself, being completely covered by the carbonated water.—*Weekly Medical Review.*

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Mellin's Food

FOR INFANTS AND INVALIDS.

A SOLUBLE DRY EXTRACT, prepared from Malted Barley and Wheat, consisting of Dextrin, Maltose, Albuminates, and Salts.

The SUGAR in MELLIN'S FOOD is MALTOSE. MALTOSE is the PROPER SUGAR for use in connection with cow's milk.

The sugar formed by the action of the Ptyalin of the Saliva and the Amylopsin of the Pancreas upon starch is MALTOSE. In the digestive tract MALTOSE is absorbed UNCHANGED.

— Landois and Sterling.

MALTOSE is a saccharose, not a glucose, and is a form of sugar which does not ferment.

— Materia Medica and Therapeutics, Dr. Mitchell Bruce.

"I have never seen any signs of fermentation which I could attribute to the influence of MALTOSE."

— Eustace Smith, M.D., F.R.C.S.

MELLIN'S FOOD, prepared according to the directions, is a true LIEBIG'S FOOD and the BEST SUBSTITUTE for Mother's Milk yet produced.

IT REQUIRES NO COOKING.

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A highly potent, pure glycerine extract from the stomach, free from disagreeable taste and odor, and from all suggestion of animal origin. Possessing a uniform, definite standard of activity, it may be instantly adjusted to any desired dosage as an equivalent of dry pepsin.

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News and Miscellany

READ DR. BRANSFORD LEWIS' Vienna letter.

JUST as we are closing our forms, July 3, we learn that Prof. W. I. Heddens, who has been in ill health for a year, has passed away. A further notice of his death will appear in our next.

INTESTINAL ANTISEPTICS.—A very important subject, and appropos to the approach of the heated term. Read what Drs. Waugh, Grove and Stewart say about the Sulpho-Carbonate of Zinc treatment in this issue, opposite page 325.

DOCTOR, if you have a patient whom you want to have the benefit of mental and Hydrotherapy, do not send them a thousand miles from home, but to Eagle Springs, Kansas only twenty miles from St. Joseph. Dr.A. Herring has recently opened an office there. Office hours from 3 to 5 pm. Any favors from the professor will be appreciated.

HE GOT IT.—Thrifty Throckmorton (meeting physician apparently by accident)—Hello, doc! You're looking first rate. If you had a constant tickling in your throat—hem!—as I've got, you wouldn't be looking so spry, I'll bet a dollar. What do you generally do—hem! hem!—doc, when you have a tickling in your throat? Physician (passing on) I generally cough.

NEW ADVERTISEMENTS.—Among the latest candidates for favor among the intelligent readers of the West and South, we may mention: Egan Truss Co., Ann Arbor, Mich., Spiral Trusses; Londonderry Lithia Spring Co., Lithia Water; Standard Chemical Co., Jersey City, N. J., Quickine, the New Antipyretic. We would invite attention to their advertisements in this issue.

IT occasionally happens that a doctor will accumulate a little extra money, (especially among the class of progressive readers who take the MEDICAL HERALD), and we are often appealed to for advice regarding a safe plan for investment. We are happy to state to any of our subscribers who may now be burdened with an overplus of lucre that we have found the right place to invest, and that is in stock of the St. Joseph Mortgage Co. See their card on another page, where in a few well said words, they express more than some writers do in volumes. The officers of the company are experienced financiers, and bear the stamp of integrity and business principles. Write to them for particulars, which will be cheerfully furnished.

A PROMINENT feature of this issue of THE HERALD is the handsome new plate of the Maltine Manufacturing Co., on opposite page. The enterprise of this truly energetic house is commendable from the fact that all their efforts are solely directed to introducing their products before the medical profession. In order to thoroughly understand their new advertisement, it will be necessary to go back a few hundred years in history. As you will notice, a striking feature of this plate is the Maltese cross, and simultaneously it will occur to you that there is something appropriate in the "play" upon the trade title "Maltine." But to go forward with our ancient history, of which we were speaking; it was under the banner of the Maltese cross, you will remember, that the Crusaders of the middle ages vanquished the followers of the Crescent, and this form of cross was adopted by the hospitallers of the Knights of St. John, of Jerusalem, who were among the first founders of institutions established to ameliorate the physical ills of mankind. After their occupation of the island of Malta, which they held for centuries against the assaults of the infidel, this symbol came to be known as the "Maltese Cross." It is emblematical of the success of merit, of practical benefit to mankind and of ability to resist attack. The peculiar appropriateness of this design is apparent to all those who have used and prescribed this favorite preparation of malt.

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Maltine An extract of Malted Barley, Wheat and Oats, is the most Concentrated and Efficient, and therefore the most Economical of all Malt Extracts.

IN Gastric Affections and Debilitating Diseases, so prevalent during the Summer, Maltine with Pepsin and Pancreatine, and Maltine with Phosphate Iron, Quinia and Strychnia will be found exceptionally valuable, their base being a powerful Reconstructive and Digestive.

An eight ounce bottle of each will be sent upon application to any physician who will pay expressage.

The Maltine Manufacturing Co.

19 Warren Street, New York.

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INDEX to Medical Colleges and Summer Hotels, page 21.

WHEN you go to California this summer stop at "The Painter," Pasadena, and enjoy all the comforts afforded by this splendid resort.

FATHERS, mothers, and guardians, having sons and wards to educate, can make no mistake in sending them to the St. Joseph Commercial College of the Christian Brothers.

THE "Baby's Picture" is a subject of never ceasing interest. We have a new one in this issue, on page 16, in connection with which you will notice a very interesting letter.

THE KING OF TABLE WATERS—For a uniform and agreeable mineral water, none excel the famous Underwood Waters. Supplied to the trade by C. D. Smith Drug Co., and Elfred Drug Co., St. Joseph, Mo.

SEASONABLE REMEDIES. —Among seasonable remedies which are supplied by Parke, Davis & Co., are the following: Chloranodyne, which is an excellent antispasmodic and anodyne in diarrhœal disorders, gastric troubles and intestinal colic. It combines the therapeutic virtues of morphine, Cannabis indica, chloroform, capsicum, hydrocyanic acid, alcohol, glycerine, and oil of peppermint. It is an improvement upon Chlorodyne, a patented preparation, widely dispensed as an anodyne and antispasmodic. Liquid Acid Phospate, the action of which is to relieve symptoms of nervous exhaustion, depression, sleeplessness, melancholia, and increase the vitality. This action is so well recognized that the Acid Phosphate is in considerable demand as a stimulating beverage. The ordinary dose of the Liquid Acid Phosphate is one-half to one fluidrachm, in a glass of water, sweetened or not, according to taste. With carbonic acid water and any suitable syrup, it forms a refreshing and agreeable beverage. Lime Juice and Pepsin is a grateful refrigerant and anti-scorbutic. It is a prophylactic against many disorders prevalent in the summer months.

THE CIBILS FLUID BEEF, which has recently been introduced into the Ensworth Hospital with such gratifying results, deserves the attention of all practitioners interested in the subject of nutrition. And who is not? This excellent article of beef is so slightly changed from its natural condition, that it is placed in the hands of the practitioner with the positive assurance that it is simply meat liquified; it retains all the nutritive properties of fresh beef, but sufficiently cooked to avoid the dangers incident to the use of raw meat extracts, and beef scrapings. The albumen is not coagulated, although the gelatine is dissolved out and removed; the flavor is delicious; the saltiness of peculiar advantage, and the keeping properties perfect It is specially rich in Kreatine. In reply to a letter recently written to the Cibils Co. by a physician in this city, they say: "We seek a higher plane of usefulness than the bar-room or kitchen, and look to you, as the natural adviser in all that pertains to the dietetics of the family, to give us your cordial co-operation, in our endeavor to place in the sick room a conscientiously prepared food, that will sustain and comfort the infant, the invalid and the aged. To this end we have done all that skill and science could suggest, to make the Cibils Fluid Beef worthy your confidence, and a valuable auxiliary, in the treatment of those conditions where prompt and continued nutrition is demanded by a delicate organism. With this purpose in view, can we emphasize too fully the following facts? Cibilis Fluid Beef is prepared only from cattle of our own raising, and at the ranch where they were reared. The cattle therefore are in a healthy prime condition, having never to undergo the hardships and privations incident to the long drive and crowded cattle car, to which they would necessarily be subjected, were our Laboratories in a city." We do not hesitate to endorse every claim made for this product, and take pleasure in calling the attention of our readers thereto.

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Publishers' Bureau.

MEDICAL HERALD COMPANY, - - - - PUBLISHERS.
CHAS. W. FASSETT, - - - - BUSINESS MANAGER.

PUBLISHING HOUSE, CORNER SIXTH AND CHARLES STS. | SAINT JOSEPH, MISSOURI. TELEPHONE No. 196.

ALL matter pertaining to this department, or concerning advertisements, to insure prompt attention should be addressed to the Business Manager. . . . . .

THIS DEPARTMENT will be devoted to such notices and comments as the Business Editor may feel inclined to make of deserving and meritorious preparations, and such items of news concerning new goods as will prove interesting to our readers. Practitioners are particularly requested to send us brief facts concerning the success of preparations advertised in THE HERALD, as demonstrated in their practice, and we will always be glad to give space in our Original Department for extended reports of clinical cases. Practices for sale, or notices of removal, not exceeding ten lines, will be inserted FREE three times for subscribers. Always state reasons for selling.

(THE HERALD'S circulation being among a class of physicians who PAY THEIR SUBSCRIPTIONS (and consequently READ each issue), this journal naturally offers the best opportunity to those advertisers who desire to reach the thrifty and progressive practitioners of the West and South.)

THIS Journal is on file at the following agencies, where advertising may be placed at our regular rates, and we invite Eastern Pharmacists to call and examine THE HERALD carefully:
J. H. Bates, 38 Park Row, New York; H. C. Hall, Cincinnati, Ohio; N. W. Ayer & Son, Philadelphia, Pa.; Geo. P. Rowell & Co., 10 Spruce St., New York; J. Walter Thompson, 39 Park Row, New York; Dodd's Advertising Agency, Boston, Mass.; King's Advertising Agency, New York.

DOCTOR, have you ever prescribed the Underwood Lithia Water? If not, we advise you to give it a trial in your practice. For sale by C. D. Smith Drug Co.

PEPSIN is undoubtedly one of the most valuable digestive agents of our materia medica, *provided a good article is used.* Robinson's Lime Juice and Pepsin, (see page 7 this number) we can recommend as such. The fact that the manufacturers of this palatable preparation use the purest and best pepsin on the American market, and that every lot made by them is carefully *tested*, before offering for sale, is a guarantee to the physician that he will certainly obtain the good results he expects from pepsin.

JOSEPH P. Ross, A.M., M. D., Prof. Clinical Medicine and Diseases of the Chest, Rush Medical College, Chicago, Ill., says: For the past three years I have prescribed Bromidia very frequently, and have never yet been disappointed in securing the results required. In cases when there is Insomnia without pain, in the delirious stages of acute fevers, in delirium tremens, puerpural mania, in short, in all those cases requiring soporifics, I find Bromidia invaluable. I consider Bromidia an excellent combination.

NO FREE LIST.—THE MEDICAL HERALD carries no free list, beyond its exchanges, and conducts the subscription business on the principle that the doctors who *pay* for their journals are the only ones who *read*, and are therefore the desirable element in the profession for us to deal with. Experience has proven that it is of little or no benefit to an advertiser to be represented in a journal whose circulation is mainly of the "sample copy" character, and although THE HERALD is willing to send *one* free copy to any doctor who is not yet acquainted with us, we will not continue to do so unless a remittance is forthcoming, as we prefer to depend entirely on our paid up list so far as returns to ourselves or our advertising patrons is concerned. We believe the results will be of a far more permanent character than will those of the journal who advertises a circulation of from 10,000 to 50,000 copies and depend upon a "physicians' directory" for their "subscription list." THE MEDICAL HERALD issues no "sampling editions" except such as are *paid for* by the Medical Schools; the regular monthly extras for *personal distribution* at the State and District Society Meetings; and those complimentary copies that are usually donated to contributors of original articles. In every instance where free copies are sent out the purpose is plainly designated on outside cover, or by enclosed slips, and they are never included in our circulation estimate.

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Dr. Bransford Lewis has a unique advertisement for his new Saint Louis Journal, in this issue. Look it up, and send in your guess.

Samples of Sander & Sons' Eucalypi Extract (Eucalypto) gratis through Dr. Sander, Dillon, Iowa. Eucalyptol proper stands foremost as disinfectant and antiseptic. Meyer Bros.' Drug Co., St. Louis, Mo., sole agents. Look for the genuine product.

Orlando, Fla., Jan. 5th, 1891. Antikamnia Chemical Co., St. Louis, Mo. Gentlemen:—I have used Antikamnia, and I am perfectly delighted with the results. I have given it in la grippe, intermittent neuralgia and other neuralgic affections, with the happiest results. I have requested my druggist to order a supply. Yours truly, J. W. Hicks, M. D.

Atlanta, Ga., Dec., 15, 1890. Jerome Kidder M'f'g Co., New York City. Dear Sirs:—The box containing battery came to hand in good order by express; I also received letter containing bill by mail, and hasten to remit amount, you will find P. O. money order * * * I have your machine bought in 1874. It is a 10-current and is to-day as good as ever. I have used it almost continuously since then till I broke the jar. Have had to replace platinum element several times * * * I have used other machines, but yours is decidedly the best. The A. B. & C. D. currents I use very frequently and find them real nerve soothers and tonics. They afford the best currents for general faradic tonic effect on the system in the treatment of nervous women and general neurasthenia. Yours very truly, Dr. Joseph Adolphus, 48 S. Butler St.

St. Joseph Commercial College, (Christian Brothers), St. Joseph, Mo. School term opens on the first Monday in September. The course of study embraces all that is usually taught in similar institutions. It is divided into four departments —Primary, Preparatory, Commercial and Scientific. Terms—For Boarders. Board, Tuition, Washing, Bed and Bedding, per session of five months (mending extra), $100. For day students, primary department, tuition per session of five months, $15.00; preparatory department, tuition per session of five months, $20.00; commercial department, tuition per session of five months, $25.00; scientific department, tuition per session of five months, $30.00. As the college is intended to educate only respectable youths of good behavior, and is disposed to carry out its rules and regulations in all things, no pupil will be retained who persists in being insubordinate or who is known to indulge in vicious habits. For further particulars send for circular. Address personally or by letter, Brother Marcellian, President.

Ponca Compound in Leucorrhoea. —I will give you a report of a case for which I used Ponca Compound: "Patient, female, 33 years of age, married, mother of three children, pregnant with the fourth for three months; has to work hard for a living. When she called on me she complained of terrible bearing down pains, cramps in the bowels, indigestion and great weakness. On examination found a copious flow of a white, greenish liquid, from which she told me she had suffered for years. I prescribed the usual remedies, which while they relieved the leucorrhœa somewhat, did not produce the desired result, especially as her occupationand means precluded a restful life for any given time. Ponca Compound having been recently called to my attention, I was struck by its evident application to the conditions of this case and gave the patient fifty tablets, with instructions to take one after each meal and one at bed-time and report to me when she had taken all of them. In about two weeks time I saw the patient and was more than surprised to find the leucorrhœa entirely gone. She informed me that her pains had disappeared, her appetite had improved and her bowels had moved regularly every morning. She said her womb had grown firmer, in fact it gave her no trouble and she did not know she had such a thing: furthermore she had been able to attend to her usual occupations without any difficulty. She desired a prescription for the same remedy which I gave her and she left me to all appearances a new woman. One thing I must mention, Ponca Compound seems to affect the appetite, improving it considerably and also to a greater or lesser extent overcomes constipation."—O. Gay, M. D., Boston, Mass., in *Medical Mirror*.

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THE MEDICAL HERALD.

A PRACTICAL MONTHLY JOURNAL OF THE MEDICAL SCIENCES.

HIRAM CHRISTOPHER, M. D., Editor.

ASSOCIATE EDITORS: JACOB GEIGER, M. D., SURGERY; J. W. HEDDENS, M. D., PATHOLOGY

BRANSFORD LEWIS, M. D. (late of the St. Louis Medical Review), European Correspondent.

To contributors of Original Articles, a liberal number of copies of the HERALD will be given (or mailed free of expense if addresses are furnished), and the publishers will furnish reprints at cost, application for same to be made when copy is forwarded.

Illustrations will be furnished FREE for all articles requiring same, if drawings are furnished.

Original Articles, Clinical Reports, Society Proceedings, Correspondence and News invited.

Address all articles for publication, books for review and exchanges to the EDITOR.

Address all correspondence relating to subscriptions and advertisements to MEDICAL HERALD CO., Sixth and Charles Streets. (See Publishers' Bureau.)

Volume X. Number 8. | ST. JOSEPH, MO., AUGUST, 1891 | Sample Copies Free. $2 a Year, in Advance.

ORIGINAL

The Miraculous Spontaneous Cures of Cataract.

BY M. F. WEYMANN, M. D., ST. JOSEPH, MO.

WRITTEN EXPRESSLY FOR THE MEDICAL HERALD.

Every now and then we read in the daily press of miraculous cures. "Christian Science" comes up for a good share of this gratuitous, efficient advertising. Occasionally also we hear of the remarkable healing power of relics and the pictures and statues of saints. In fact, periodical pilgrimages are made by enormous throngs of afflicted people to some of these places.

However wonderful this may seem to the laity, physicians know that such cases almost always come under the head of nervous affections; hysteria in its broadest sense. In some instances the cures are merely temporary manifestations of physiological reserve forces enabling the impressionable sufferer to ignore, during his exstacy, his physical infirmities. Of course, such "cures" are only temporary.

When the papers report wonderful cures of cataract, physicians ordinarily smile and feel amazed at the boundless credulousness of the public. There is a good deal of philosophy in that, for the vast majority of such reports is highly exaggerated or entirely fictional. On the other hand, there actually are some well authenticated cases of spontaneous cure of cataract. It remains for this short article to briefly expose the leading factors concerned in bringing about so strange a result.

We cannot complain about the omission in our books of details in the description of pathological processes, but it is equally clear, at least to me, that the manner

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of description is by no means suited to leave a faithful and intelligent impression in the mind of the student. This is particularly true in the case of cataract. Two simple little facts are necessary for a thorough understanding. They are:

1. Lens substance undergoes a gradual hardening as age advances.

2. Lens substance undergoes cataractous degeneration, whenever exposed to the action of the aqueous humor.

The latter truth at once explains why a foreign body piercing the capsule causes traumatic cataract. This form, therefore, together with the congenital types, we will not discuss here.

It is a well known fact that young animals furnish more tender meat than old ones. In the muscular system the hardness is caused partly by an increase and thickening of the connective tissue and the sarcolemma, partly by an actual loss of the softness and tenderness of the protoplasm of the sarcous elements. All the tissues of the body, with, perhaps, the exception of nervous tissue, undergo the same change. In fact, so pronounced is this shrinkage and physiological sclerosis in some instances, that many details of structure are obscured by it. On this account microscopists usually prefer young or even fœtal tissues for studying typical appearances.

These remarks apply to the lens in every particular. Here the physiological sclerosis begins in the center, gradually spreading peripherally. If it goes on slowly and with uniformity, the result will be that the lenticular fibres become hardened throughout, but will be normal in other respects. However, increase of density is a very important factor with optical instruments. Therefore, the lens soon shows corresponding results. The first consequence is the appearance within its substance of a yellowish tint. That this is not due to pigment accumulation is easily proven by the microscope. As a result of the increasing density some rays begin to be absorbed instead of passing through to the retina. Finally, all light is shut out and blindness ensues. Still the pupil presents a black appearance (cataracta-nigra) as almost no light is reflected from the lens. Only on focal illumination we observe a yellowish reflex (pea-soup fog). The lens absorbs all light almost like a piece of black glass. *This form of cataract would come on in every eye, if life were indefinitely prolonged.* In fact, a great deal of senile loss of acuity of vision is due to a small degree of this sclerosis, although other causes may act along. The power of accommodation depending directly on the elasticity of the lens, it can be easily understood how, with advancing age, its range would be diminished. Presbyopia or the loss of accommodation for near objects is only the expression of this physiological sclerosis. Close fixation being the result of the relaxation of the leaflets of the capsule, which allows the lens to follow its natural elastic tendency to assume a more spherical shape, we can see that with a hardening of the lenticular fibre this elasticity would gradually be lost and that accommodation would suffer in a proportionate degree, no matter how perfect might be the relaxation of the capsule by the ciliary muscle.

From the general occurrence of presbyopia, we see that this sclerosis is an unavoidable, regular process in all eyes, although it may sometimes be masked in eyes myopic during youth. While in such cases the practical results seem different, the nature and amount of the change are about the same.

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Now, while this would be the normal way of the development of cataract, it rarely ever so results, on account of lack of time. Therefore, an irregular form, known as senile cataract, is by far the most frequent. Here also the central hardening occurs, but it fails to spread with regularity. The cortical masses are too slow to follow. As a result, cracks and fissures must result somewhere between the center and the cortex. Theoretically, these ought to be vacua, but practically they are filled almost immediately with fluid through osmotic action. Now comes the work of the second great factor, viz, the effect of the imbibed liquid.

The lenticular fibres surrounding the crack absorb the fluid eagerly, and in consequence swell up. This swelling is accompanied by a loss of transparency The places appear as gray striæ and mark the point of the original fissure filled up with liquified lens substance. More water is taken up and more of the adjoining fibres share the common fate until at last, by the coalescence of many stripes and bands, larger spots appear. Little by little the trouble proceeds toward the periphery (cortex), so that finally the whole cortex is broken down, causing the gray reflex in the pupil. We now call the cataract ripe, although during all this time the nucleus remains transparent within the clouded mass. Owing to its great hardness (starting point of sclerosis), the fluid has but little influence on its substance. If, however, the patient be young, say not above 30, when the lens is not yet hardened much, complete liquifaction including the nucleus may take place.

At first the gray mass of a cataract has a pulpy consistency. If at the stage of maturity, no operation is performed, softening may continue until all is a perfectly liquid, emulsified mass, in which the hardened nucleus floats to and fro with the different movements of the head. We now have to deal with Morgagnian cataract, the first of over-ripe forms.

If left alone, the fluid is absorbed. In fact, liquifaction is only a preparatory step of nature for this purpose. As the fluid is taken up, the leaflets of the capsule naturally approximate; the space where once the lens was contained is obliterated; the two surfaces are glued together into a double membrane which may still enclose the nucleus and, here and there, unabsorbed particles of lens debris. Contraction and shrinkage follow just as in the healing of wounds. If this be considerable, a portion of the peripheral attachment may be torn loose. Several repetitions of this occurrence may leave only a few small points of attachments. With such insufficient support it is readily understood that the capsule with its enclosed detritus will tremble on the least movement of the eyes, or even the head. We now have to deal with cataracta tremulans.

At this stage deposits of lime sometimes occur, making the cataract calcareous; also ossification occurs now and then. A far more interesting course, however, may lead to spontaneous cure of blindness.

Reviewing our anatomy a little, we find that the retina is covered by a very thin, glass-like membrane, the so-called hyaloid membrane, or membrana limitans interna. Its relation with the vitreous is such that it almost encloses it like a sac. In fact, where the capsule is attached to the ciliary processes, it becomes continuous with the capsule forming its posterior leaflet. From this it becomes plain that long continued shrinking with its resulting traction may raise the vitreous from its contact with the retina by pulling up the internal limiting membrane. In

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this manner a wedge-shaped cavity would be created all around the ciliary regie having the apex turned backward and the base forward. This will go on until tho vitreous refuses further yielding. The capsule breaks its connection with the internal limiting membrane (around ciliary region) and trembling cataract results. Supposing that only a very few and weak attachments of the capsule remain, we can easily see how a violent action of the ciliary muscle might rupture the last shreds. In fact, in some instances great vascular excitement with its oscillating intra-ocular pressure alone would suffice. The lens once detached would follow he law of gravity and drop downward. The triangular space created by the detachment of the vitreous from the other membranes gives it room enough to sink below the level of the pupil. Vision is re-established and—the saint has done it.

114 South Eighth Street, St. Joseph, Mo.

Is Extirpation of the Cancerous Uterus a Justifiable Operation.

By JOHN H. McINTYRE, A. M., M. D., St. Louis, Mo.

READ BEFORE THE HODGEN DISTRICT MEDICAL SOCIETY, NEVADA, MO., JULY 9, 1891.

According to observations made by Gusserow, Lebert, Seifert and others, the life of women affected with cancer of the womb from its first manifestation is about twenty months. It is not surprising, therefore, that a few operators attempted to gain a greater likelihood of eradicating the disease by the removal of the entire uterus, either through the vagina, or by abdominal section.

From statistics to which I have access, I find that the cancerous uterus has been extipated about 500 times; approximately 150 by abdominal section, and 350 by the vagina.

On account of the high and frightful mortality resulting from the abdominal operation, not less than 72 per cent, it has been abandoned, except in a very small number of cases where the vaginal method is not feasible. I find but a single case reported of a woman subjected to this method of operation who lived over one year; most of them died in less than six months, and scarcely any lived a year.

Vaginal hysterictomies while not so fatal as abdominal, yet give such a high rate of mortality as to be entirely unjustifiable: of seventeen cases reported in a large western city, nine of the cases were promptly fatal.

No less bold, skillful, and successful operator than Mr. I. Knowlesly Thornton, of London, says: "The immediate results must be totally different from those at present obtained, and the after results also, before the operation can be admitted to a place among the legitimate operations of surgery."

Lawson Tait, says: "The proposal to deal with cancer of the uterus by complete removal of the organ meets with my strong disapproval;" and he further states: "My reasons are that its primary mortality must always be heavy, and that the few cases in which the disease does not recur are clearly errors of diagnosis."

Schroeder of Berlin, now dead, after performing vaginal hysterectomy on twenty-seven patients, says: "It is not yet to be called satisfactory, especially as for as the question of recurrence is concerned."

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Prof. Olshausen, up to 1883 performed this operation twenty-eight times; two of his patients died an the day of the operation; three of septicemia on the second and third days; one of carbolic poisoning on the second day; one of iodoform poisoning on the sixth day; and another also died suddenly of embolism of the pulmonary artery on the sixth day.

Dr. Reeves Jackson, of Chicago, elucidated this question very clearly before the American Gynæcological Society, showing it to be a highly dangerous operation and not productive of reasonable hope of relief.

It has been claimed by the advocates of total extirpation, that when recurrence of the disease does take place, the patient suffers but little toward the end of life, as the spread of the disease is upward in the pelvic cellular tissue, and the patient is saved not only from the dreadful pain, but also from the hemorrhage and ulceration.

While I do not deny that this may occasionally be true, yet I must say that I have never seen it. In cases which I have observed, the pain, fœtid discharge, and cachexia, were as pronounced as in those not yet subjected to this operation.

In consequence of the dangers of total hysterectomy, I therefore answer the question, Is extirpation of the cancerous womb a justifiable operation? Most emphatically in the negative.

This being true, the question naturally suggests itself: Is there any other method of treating uterine cancer, that is at once safer in the technique of operation, and which gives assurance of longer life afterwards? I answer unhesitatingly and unequivocally in the affirmative. In proper cases for operation, and by proper cases for operation, I do not mean those cases in which the disease has progressed to such an extent that the woman who consults you, has already made her own diagnosis—where the ganglia, the parametric tissues, the vagina, and indeed all the surrounding structures are infiltrated, and adherent, and matted together, or where ulceration is extensive.

As we all know, uterine cancer, of whatever variety, in its early stages, is a painless disease. We further know that in it at least 95 per cent it begins in and affects the cervix, and we have no reason to doubt that it is very often, indeed almost always, implanted upon a laceration of the cervix. Although it is accounted by some good authority, Briesky among them, that it is caused by friction of the cervix on the vaginal floor.

Primitive uterine cancer is very rare in the body of tho womb.

In the cervix, its extension is circumferential and not upwards. Therefore the best and safest manner of its removal is through the vagina—supra vaginal amputation—together with tunneling to a greater or less extent the body of the womb, as may be indicated or necessary, bearing in mind the paramount necessity of removing every vestige of diseased tissue.

This can be best accomplished by the use of the galvano-cautery, the knife or the hot iron, followed, if need, be by caustics; these give incomparably better results, both as regards the immediate death rate and the ultimate results.

Time will not permit of a minute description of operative detail in the use of the various instruments and appliances that may be required. But I will venture to tax your patience with a description of a method of operating, which, for more

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than ten years past, I have practiced with great satisfaction, and with far better results than formerly, and to the use of which, I am indebted to the late Angus MacDonald, of Edinburgh, Scotland.

After the patient has been fully anæsthetized and placed in a modified lithotomy position, he proceeds to amputate the cervix, which he does with great rapidity, with an ordinary gouge. such as is used in operations for necrosis of bone. He next introduces either a boxwood or vulcanite speculum of large size, and through it applies a Paquelin cautery-knife, heated to rather more than a dull red, and burns away all the diseased tissue, many times going up to the fundus, and leaving the body of the uterus a mere shell. Just before completing the operation he allows the heat of his Paquelin to become a very dull red, and applies it to every part of the wounded surface, which effectually prevents hemorrhage.

It is remarkable how little pain is endured by patients who have been subjected to the operation in this manner. It would give me pleasure to report cases, but I have already occupied enough of your time. I thank you for your attention.

614 Olive Street.

Some Practical Points in the Differential Diagnosis of Iritis and Conjunctivitis.

By FREDERICK E. CHENEY, M. D.,

BOSTON, MASS.

Assistant Surgeon to the Massachusetts Charitable Eye and Ear Infirmary; Ophthalmic Assistant to the Out-Patient Department of the Massachusetts General Hospital.

The importance of making a correct and early diagnosis, in cases of iritis, and of using atropine, or some other mydriatic, until the inflammation has subsided, is evident, when it is considered that many patients are afflicted with permanent poor vision and not a few with blindness, as a result of improper treatment in this disease. In most of these cases the trouble has probably been mistaken for conjunctivitis, the eye has been treated with "borax and camphor," or some other mild astringent collyrium, and a disease which usually terminates favorably when treated from the beginning with atropine, terminates most unfavorably.

It is not my intention in this paper to present an exhaustive treatise on this subject, but simply to make prominent two or three points of difference between these two diseases that are most constant and that can usually be easily recognized. The presence or absence of pain, and its character and situation, if present, is a symptom of great value, and cannot be too carefully investigated. In conjunctivitis, there is often no pain, other than a feeling of "sticks and sand" in the eyes while at other times pain of moderate severity is complained of and is referred by the patient to the eye ball. In iritis, on the other hand, pain is usually a prominent symptom, it is paroxysmal in character, coming on most frequently in the early hours of the morning, and is not situated to any degree in the eyeball itself, but in the brow and temple, sometimes extending over the entire side of the head.

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If this neuralgic pain is of great severity, especially if accompanied by a marked rise of temperature and a loss of appetite and flesh, the redness of the eye may be overlooked both by the patient and physician, or regarded simply as a congestion secondary to the neuralgia. Neuralgia of the temple and brow, in connection with redness of the eye, should always make one suspect iritis as the cause, and should lead to a careful examination of the pupil, as to its size and reaction to light. Having placed the patient facing a bright light, the well eye is to be covered, while the inflamed eye is to be shaded from the light with the examiner's hand. If the case is one of conjunctivitis, the pupil will quickly dilate when the eye is shaded and again contract when exposed to light. If iritis, however, it will be noticed that the pupil is smaller than normal, and that it reacts little or not at all when the eye is alternately shaded and exposed. These three symptoms, redness of the eye, neuralgic pains in the temple and brow, and a pupil which reacts sluggishly or not at all to light, are most valuable diagnostic symptoms in iritis, and when present, should leave little doubt as to the nature of the disease. Intolerance of light is usually present in iritis, but may also be present in conjunctivitis. The iris tissue is usually discolored in iritis, the change at times being very noticeable, while at other times it is slight and can be easily overlooked. The character of the vascular-injection should of course be noticed, the circumcorneal vessels being injected in iritis, and the conjunctival vessels in conjunctivitis. It is not uncommon, however, to see a moderate injection of the circumcorneal vessels in conjunctivitis, or to see a considerable injection of the conjunctival vessel, and even œdema of the tissue, in iritis.

To emphasize what has already been said, the symptoms most to be depended upon in making a diagnosis of iritis, are, redness of the eye in connection with neuralgic pains of the temple and brow, and a contracted pupil that reacts sluggishly or not at all to light. Sub-acute and chronic cases are at times met with in which the pain is slight or absent, and the circumcorneal injection but poorly marked. The pupil will, however, be contracted and sluggish, and as the trouble often exists for some time before medical advice is sought, firm adhesions between the pupillary border and lens will probably be found after atropine has been used. Also, in acute iritis, pain may not be complained of for the first few days, and in exceptional cases may be absent during the entire course of the disease. The absence of supra-orbital and temporal pain, therefore, although a most frequent and valuable diagnostic symptoms, does not exclude iritis, and the presence of other symptoms must always be looked for. If, after careful examination, a doubt as to the nature of the disease still exists, a safe rule to follow is: When in doubt, use atropine. If the disease proves to be conjunctivitis, the use of atropine for the first day or two will have caused no permanent harm, the mydryasis and paralysis of accommodation passing off within ten days or a fortnight. If, on the other hand, it is iritis, we shall have the pupil well dilated, and if kept so by the use of atropine until the inflammation has subsided, it will be almost impossible for adhesions to form between the iris and the lens.

The value of the early and constant use of atropine in iritis cannot be too strongly insisted upon. A wide dilatation of the pupil is of course the end in view; and while, as a rule, a one-per-cent solution of atropine sulphate used three or four times a day will accomplish this, a more frequent instillation or stronger solution so sometimes required.

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Morbific Agents; Their Nature and Source.

By

The morbific agents of specific diseases have properties which mark them as peculiar. Most of them so impress the organism as render it no longer susceptible to a second invasion. This fact is of the highest significance in its bearing on the question as to the nature of morbific agents. It is difficult to conceive of the nature of that action of a poison which has such an effect on a living organism; yet it unquestionably has an explanation. But we can not conceive how an organism can by any action or influence it may exert on a body, destroy that body's susceptibility to its further action while the body continues to live. All poisons have, more or less, a specific influence on a living body, and give rise to symptoms more or less characteristic; but only a few give immunity against themselves. The specific poisons are, doubtless, of organic character, and are produced in living or by living organisms, and act on the body through their organic properties, and not through their chemical. They possess pathogenic properties, and poison the living matter of the vital cells of the organism. Only such structures are susceptible to their action. They affect the functions of the living cells, and by them produce characteristic phenomena, chief among which is the immense increase of the quantity of the poison in the organism, and also the destruction of the body's susceptibility to further influence from the poison. An effect of this kind lies beyond our power to explain; but the fact is a matter of knowledge; and the question that concerns this discussion is, whether the poison is non-living organic matter, or living matter amorphous, or the living constituent of an individual organism, as a so-called pathogenic bacterium.

The contagium of variola, for instance, abounds in the purulent matter of the vesicle, but is not limited to it. It exists also as an aeriform or gaseous substance, and escapes from the infected body as an effluvium. By this the disease spreads and becomes epidemic. The quantity of the poison generated in the body from the smallest particle introduced can not be even opproximately extimated. It may so impregnate the atmosphere as to cause an epidemic. All sanitary measures are based on the supposition that the contagium spreads through the atmosphere, which, if it be inhaled, lights up the disease in others.

Is this contagium a unicellular organism, either as a germ or a matured individual? If so, it is an isolated fact in the life-world. It is rather an assumption without the slightest foundation in fact or reason. It has not yet been established as a fact that there is even one pathogenic germ in all the world of microbic organisms. It would be a strange and unaccountable fact if there were. There is no such an organism in the macrobic world, and no reason or fact has yet been shown that there is one in the microbic world. Such a fact would upset the whole scheme of the life-world. There is a unity of plan and a unity of purpose in the whole, and it has no break, or fact of any kind that would violate this unity.

In speaking of the materies morbi of specific diseases and of the divergent views held on the subject, Dr. Lionel Beale, says: "And surely it is a point not only profoundly interesting, but of vast practical importance, and worthy any

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effort to determine whether the germs upon which the communicability of contagious diseases alone depends, are certain species of low simple organisms of definite character, produced on the outside world, independently of man, or are bodies which have originated in man himself, and are to be regarded as degraded forms of living matter, derived by direct descent from some form of human living germinal matter or bioplasm."

That he holds the latter view we may infer from the admission he makes, as follows: "That the facts of the case are conclusive as regards the living state of the active matter of contagious diseases."

By matter of a living, active state he means living germs, and by germs he means simply *particles* of germinal or living matter, or bioplasm, which have been separated by growth from masses of the living matter of the body. *This bioplastic matter he calls "living or germinal self-propagating matter," occurring in any quantity however small. Such matter he thinks is the contagium of small pox, scarlet fever, etc., and that its enormous increase of quantity is to be accounted for by the growth or reproduction of this matter in the body.

The only difference between this view and the generally understood germ theory is, that in the latter, the living matter is the content of an individual organism, and in this form, the living matter is not individualized, but is simply an amorphous mass of living matter possessing the power of indefinite multiplication of the mass. He says, however, that "there is no ground whatever for the opinion that the particles which are instrumental in propogating contagious diseases, if living, should exhibit specific structural peculiarities." If he means that all living matter in itself is amorphous, the statement need not be questioned, but this is something quite different from the individuality of an organism.

This view might satisfactorily account for the increase of quantity of contagious matter in a case of small pox, if there were such a kind of living matter as he conceives of, but the notion contradicts the fundamental law of the life-world: *omnia ab ovo.* What begets must itself be begotten, and nothing begets but a living organism, and that which is begotten is always a living germ, capable of organic development and of attaining maturity as an individual organism. The specific poisonous matter of small pox has no individuality of being, and hence can not be living.

The white blood-corpuscles are regarded by some as alive and capable of amœbiform movement; but they do not propogate themselves by any mode of reproduction, an essential and invariable property of living matter. The increase of the contagious matter of small pox can not, therefore, be effected by amorphous or non-individualized living matter. What it really is, and what its origin is, are matters yet awaiting solution; but whether a solution shall ever be attained is very much to be doubted. We may determine what it is not, but not what it is.

The action of the syphilitic virus and its nature and origin are just as mysterious as that of variola. It is a contagious disease, but requires absolute contact. It does not exist in the aeriform state, nor is it propogated except by absorption into the body. We are told that this matter holds a microbe which is the real cause of the disease, but the view is attended with some insuperable difficulties. There is a

*Disease Germs pages 9-11.

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singular fact connected with this disease that forbids the idea that it is either living matter or a living organism that causes the disease, and this fact is that the poison is changed in the body after a time, and causes a series of new phenomena. At the abraded surface, where the poison finds entrance into the body, an ulcer is produced of a specific or peculiar character. In this ulcer, there is a considerable increase of the virus in quantity. The base and walls of the ulcer are indurated tissue; but after a time "the induration softens itself; the ulcer becomes cicatrized." Then there follows in time a secondary form or stage, characterized by altogether different symptoms. The ulcers of the secondary form do not contain the virus of the primary ulcer. That of the primary is insoluble, while that of the secondary is soluble, and hence "acts through unbroken walls of capillary blood-vessels," and is "incapable of propogation by inoculation" (Simon's Pathology p. p. 196-7.) In the tertiary form, the property of being propogated is entirely lost. These changes take place within the body, and show that the virus is but an organic substance, and not a living organism, nor living matter.

That there is not such a form of living matter as non-individualized may be safely affirmed. Living matter is a created substance, and not a developed one, and has a function, or functions to perform, which it is not known to do except when it is the living part of an organism, capable of displaying the fundamental attributes of a living organism of the unicellular series. Isolation from a mass invests a particle of living matter with the individuality of organism. This is the law of the life-world to which no exception has been found. If, then, "diseased germs" be living matter, they must have the organic structure of true germs, and possess the power or susceptibility of being developed into a matured individual organism which shall be capable of perpetuating its species by one of the modes of reproduction. It is inconsistent to hold such a view as that of Beale and deny the germ theory of disease.

Beyond what morbid phenomena micro-organisms produce by their excreta, nothing is positively known. All else is conjecture and inference. After all the investigations made to determine the relations which micro-organisms sustain to morbid action, we have no facts that go to show that they give rise to morbid action in any way or by any means except by their excreta. It is not positively known that there are any pathogenic organisms. Klein says: "Among the legion of different species of micro-cocci and bacilli occurring in putrid substances, the great majority are quite harmless; when introduced into the body of an animal, they are unable to grow and multiply, and therefore unable to produce any disturbance." How they could produce any disturbance if they should grow and multiply, he does not tell us, nor express even a conjecture. Some three or four species constitute the minority, as stated by the same author. And more than this: when they do produce any disturbance, then, he says, that it is necessary to "consider the relation of the specific organism to the essence of the disease, or, in other words, the question *whether the organism itself is the virus or whether this latter is the product of the former**. Something in the same way as the ferment is the product of putrefactive organisms." (Micro-organisms and Disease, p. p. 160-180).

This language is somewhat ambiguous and too cautious to be the expression of a conviction of the mind, yet it is sufficiently clear to leave us with the understand-

*The italics are ours.

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ing that it is not positively certain, in any case, that micro-organisms, *in propiis personis*, are the cause of morbid action. The doubt remains with the author inasmuch as he says we must distinguish between the organism and its excreta.

In regard to certain diseases which are supposed to be caused by septic or pathogenic organisms, as "tubercle, glanders, and swine plague" in which the number of organisms is but few in comparison with the extent of the disease, the same author concludes from all the facts presented that "the pathological condition brought about by the organisms is not due to the direct action of their numbers; but is an indirect sequence brought about by definite chemical alterations in the blood or tissues as the case may be." (Ibid, p 182.) As respects these "chemical alterations," he says two theories may be assumed as possible; first, that these chemical effects are produced by the presence and growth of the organisms, as truly as in alcoholic fermentation of sugar, the alcohol produced is the result of the presence of saccharomycites," and second," "that the organism elaborates a special ferment which, after a certain amount has been produced, sets up the particular pathological changes." This language is timidly cautious and very ambiguous, and betrays a state of mind not at all favorable for writing on such a subject.

As respects "the chemical effects," one ought to know that purulent matter can not be so classed. Excretory products come of vital action, and not of chemical. He says as much himself when he ascribes effects produced, in the case named, to "the presence and growth of the organisms." Micro-organisms can be present in a given case, and yet no consequences follows; for a substance may be also present, which prevents their feeding on the organic matter and consequently growing. The so-called chemical products are vital products, arising from the nutrition and growth of the living organism.

The same author further says: "From these considerations, it follows that the virus can not be considered independent of the organism; we can not assume that the two can be separated from one another; for the most feasible assumption, and the one borne out by observation is that, owing to the multiplication of the organisms, certain chemical changes are produced in the blood and tissues, or that a special ferment is created which sets up anatomical changes characteristic of particular diseases" (Ibid. p. p. 182-3). Though but little, if any, sense can be extracted from these statements, yet their very ambiguity is sufficient to show that the author of a volume on micro-organisms and disease is not certain that there are any pathogenic organisms.

A little reflection ought to enable us to see that the action of micro-organisms does not differ from that of macro-organisms, in any essential particular, since vital operations are essentially the same in all living organisms. The work in all is primarily nutritive from which result other vital operations, as growth and the products of growth, as tissues, secretions and excretions. Among the latter only are found substances poisonous to living matter of micro, or macro-organisms. The organisms themselves produce no morbid action except by their excretions or physical action. When morbid action is set up by the bite or sting of an insect, or the bite of a serpent or rabid animal, the bite is not the cause of the morbid action but a poisonous excretion. So, though an organism were attacked by a great number of micro-organisms, irritation at the point of the attack might result, but there would be no other morbid symptom unless a toxic substance should be injected into the wound and pass by absorption in the circulation. These facts are so apparent and the principles they involve so self-evident, that a necessity for their statement seems an absurdity.

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FOREIGN CORRESPONDENCE.

OUR VIENNA LETTER.

—III—

VIENNA METHODS—THE "DOCENTS"—EXPENSES—GREAT ADVANTAGES FOR AMERICAN STUDENTS—THE ALLURING HOLIDAY—PROF. KAPOSI'S CLINICS—RARE SKIN DISEASES—MODESTY SHORN OF HER DELICACY—DR. GRUNFIELD'S ENDOSCOPIC CLINIC—PROF. KAPOSI'S LITHOGRAPHS, ETC.—

[MEDICAL HERALD SPECIAL CORRESPONDENT.]

VIENNA, July 6, 1891.

To the Editor of the Medical Herald:

DEAR SIR.—As the methods of pursuing one's studies in Vienna are quite different from those in vogue at home, it may be of interest to some of the readers of the HERALD to learn something of them, so that they may get to work with as little loss of time as possible, after arriving here. There are two kinds of courses, those given by the "private docents" (private instructors), who are assistants to the professors, and those given by the professors. The latter are continued throughout the two semestres (sessions) viz, from October till Easter and from Easter till the middle of July. The courses of the docents last from four to six weeks; they have no fixed time of beginning or ending, but generally as soon as one such course is finished, another is begun, with a new class of students. These number from eight to twenty, according to the popularity of the teacher. The docents, who are authorized by the University to teach in this way, obtain their clinical material from the clinics of the professors whom they assist, either out-or in-patients being used for the purpose. Some docents, as for instance, Dr. Finger, have their own clinics.

The cost of each course is from 15 to 20 guilders (about $7.00 to $10.00); operating courses and those in obstetrics are higher, 50 guilders ($25.00). With graduates, Americans, for instance, who come to study in branches, the courses of the docents are much preferred to those of the professors, generally, as there are fewer students in them, and closer access for examination is had to the patients, questions may be asked of the teachers in the midst of his remarks, etc.

It is thus seen that teaching is going on all the time here, so that one need not be afraid of arriving out of season. The season for the docents lasts the entire year.

One of the greatest advantages offered the post-graduate students here, is the opportunity for hearing the views of different men on the same subject, and at the same time putting in as much time as he likes on any one branch. Thus, on syphilis, one may in a single day hear Prof. Kaposi, Prof. Lang, Prof. Neumann, Drs. Finger, Ehrmann, Zisol, Riehl and Cehak, each demonstrating his remarks with selected clinical cases; and to hear these several teachers, one need not go outside of the Trankenhaus, and therefore loses no time going from one to another. I believe that in this respect Vienna stands alone; and to the student who has only a short time at his disposal, this is a point of the utmost importance. Americans doubtless appreciate this most; for they are without doubt the busiest and most itme-enconomizing people on the globe.

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But it requires an enormous supply of American energy to keep one going in true American style after he lives here a short time; for the blandishments of Vienna life are truly overpowering!

When, on a bright and sunny holiday, in celebration of the birth—or perhaps the death?—of some old grandee whom everybody has forgotten, but whom everyone continues to honor with a genuine holiday (they wouldn't lose a holiday out of the year here for anything, although I believe they have about seventy-five)—when, I say, on such an occasion, one feels that all Vienna in its Sunday attire has gone out to Prater to promenade or drive up and down the broad and beautifully shaded avenues, or sit in the cafe gardens laughing, chatting, drinking in the sweetest of music, as well as more substantial refreshment, he doesn't generally keep up work on his dictionary and his scientific and tough German medical book very long *that* day, but gets up and adds himself to the thousands of frolickers that have gone before.

Amongst the most interesting clinics in Vienna is that of Prof. Kaposi, and the professor himself is one of the most popular teachers here. Rare cases of skin diseases, which we have only read about, are continually turning up there. I doubt if many of your readers have seen a *plica polonica*, a condition of the hair, in which, from schorrhœa, neglect, pediculi capitis and filth, all combined, it is matted together in a mass that resembles a discarded weaver's net; or carcinoma growing from a lupus ulcer on the face; or sarcomatous change of the entire skin of the body; or a rhinoscleroma, in which the nose has undergone indurating changes that make it feel as though it were carved out of wood; or the condition called argyria, in which, from prolonged or excessive ingestion of nitrate of silver, the skin (more especially that of the face) takes on a steel gray or silvery hue that makes one wonder whether the patient is really of flesh and blood, or is an animated silver statue. Examples of such conditions, as well as of many rare manifestations of syphilis, I have been fortunate enough to see in Kaposi's clinic during my short stay here. He also showed a case of small-pox in the amphitheatre one day, and at another time, two girls with leprosy.

He, or she, who enters this clinic as a patient must leave modesty behind; for the cutaneous surface of every patient is shown with a completeness that leaves no doubt in the mind of the investigator as to whether he has seen all of the lesions or not. Though female nurses are in attendance, male patients are stripped entirely; and females usually disrobe as low as the waist, and then, if necessary, as high as the waist. In Vienna, the cause of science must not be sacrificed to the cause of proudery. In the venereal clinics, the female nurses usually apply the dressings to chancres, chancroids, etc., on the genitals of either sex. In Dr. Grunfield's endoscopic clinic, the nurse is frequently able to give a friendly pointer to the timid student, as to the size of tube appropriate to individual cases.

A feature in connection with Kaposi's course, which is of great assistance to him and equally advantageous to his students, is his seemingly inexhaustible supply of lithographs of all kinds of affections of the skin. Having inherited, I suppose, a great number of these from his father-in-law, Hebra, he has been continually adding to them, so that now his collection is valuable in the extreme.

With respect, I am, etc.,

BRANSFORD LEWIS.

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NEW YORK LETTER.

A PHILADELPHIA SQUABBLE—ELECTROCUTION VS. HEMP—PYOKTANIN AND ITS UPS AND DOWNS—VEGETABLE PLATE FOR USE IN INTESTINAL ANASTOMOSIS —JOSEPH O'DWYER, M. D., L. L. D.

[MEDICAL HERALD SPECIAL CORRESPONDENT.]

NEW YORK, JULY 27, 1891.

Editor Medical Herald:

DEAR DOCTOR: As you will remember, when we were more intimately associated, you were accustomed to tell me that I was a prince of procrastinators, always behind schedule time, etc. To this charge I am again compelled to plead guilty, for, owing to a little vacation of ten days, I have just reached my desk and begin work on that promised monthly letter. I spent the glorious fourth of July at Atlantic City, where you know I have a very dear friend, and returning stopped in the old lazy town of Philadelphia to see my medical friends. While there the choicest bit of news being discussed by the medical Mrs. Grundys was the row in the College of Physicians of Philadelphia. It seems that Dr. Joseph Price had made some remarks of a character more forcible than elegant, concerning a member of the College, and the matter had been laid before the board of censors. This body, consisting of Drs. Goodell, Da Costa, Stille and Hunt, took the case up, and after a thorough investigation, reported, recommending that Dr. Price be censured by the College for his ungentlemanly conduct. It seems that the College was divided over the quarrel and by a vote of 45 to 40, postponed action on the report of the censors. This was taken as a direct insult to the board of censors, and all of the members promptly resigned. As the College has not met since, it is of course not known what the result will be. The extent of the affront to the board of censors can better be appreciated when it is considered that after an existence of one hundred and four years, this is the only time that the findings of the board of censors was ever even so much as questioned. It is to be hoped that the College will see the error in establishing such a bad precedent, and will adopt the report of the censors.

The recent execution, or rather electrocution, at Sing Sing, is still being liberally discussed by scientific people of all professions. That public opinion is equally divided on the subject of the relative merits of electrocution and hanging, hardly puts the matter fairly, for I venture to say that if to-day a popular vote were taken, the law requiring execution by electricity would be repealed. This, too, in the face of the fact that the recent executions at Sing Sing were highly successful, and so far as can be learned, free from all the objectionable and horrible features that characterized the Kremmler execution, and sent a thrill of horror through every witness to his terrible suffering. The recent executions were, so far as the expert observers could tell, instantaneous and free from pain. The secret manner in which the whole affair was conducted, and the avowed suppression of individual statements and opinions, will always prevent a proper statement of the case from being made. The official report will be, of course, open to the charge, as all official

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reports are, of being "doctored" to suit the ends of prison officials and politicians. Such an arrangement is unfortunate for the ends of science, and if electrocution has merits above other methods of execution, its advocates should not fear to conduct executions by it in an open manner. The "suppression of individual opinions" is not in keeping with the spirit of the times. And after all, is not the old way good enough? It is beyond doubt true that hanging causes nearly instant death, and is as free from pain as any humanitarian could desire. Besides, it does not take an expensive and complicated plant of machinery to do the work, for a rope and scaffold are cheap, and can be had at any hamlet, where electrocution would be impossible. The subject is worthy of careful consideration, and it will be well for other states to wait and observe the experience of New York before they take "a leap" at electrocution.

I have been watching the use of the latest therapeutic fad, pyoktanin, with great interest, expecting to see it rise like the proverbial rocket and come down likewise. It has had a liberal trial, and now after it has been lauded to the "medical skies," it is rapidly receding to the niche justified by its merits. From my observations I am led to conclude that it is a stimulating antiseptic of very ordinary merit, and its good qualities are over balanced by its stain. It cannot be used without daubing the hands of the surgeon and the person and linen of the patient. It seems to act very nicely on the granulating suface, but is no better than Iodol, if as good. With its internal use, I have not had sufficient experience to justify any conclusion, but from the statements of several of my acquaintances, its clinical application is in the whole rather disappointing.

The attention of surgeons has lately been called to a very simple device, which is calculated to largely supplant Senn's fine plates, in operations on the intestines. The new method is the vegetable plate for use in intestinal anastomosis, suggested and used by Dr. Robert Dawbarn. In the *Medical Record* for June 27, he contributed an article on the subject, and with the permission of that valuable weekly, I will abstract the principal points in his paper:

Senn's decalcified bone-plates are regarded as the best variety in use at present, but are open to the objections that they are not always obtainable; they require considerable time for preparation; they cost about two dollars a pair, and absorb but slowly. The objections have led to the following substitutes: (1) Abbe's catgut rings; (2) Brokaw's segmented rubber rings; (3) Robinson's plates of fresh hide; (4) Matas's solid catgut rings; (5) Davis' solid catgut plate, also his catgut mats, These methods, however, lack the essential feature of being ready in an emergency, nor can they be prepared quickly. The only possible exception is Brokaw's rubber rings. As a readily available and easily prepared substitute for the foregoing, the essayist recommends a plate prepared from raw potato.

For use upon the human gut the plates should be made about one-third of an inch in thickness, or for added rigidity even a trifle more. To prevent the thread from cutting through, we should have it very coarse; make a large knot, and before sewing through the plate sew through a scrap of rubber cut from a drainage-tube, or lacking this, a minute bit of cloth. The plates should be cut so long that the opening shall be about twice the normal diameter of the gut to be operated upon. This is in the line of safety, because a long slit insures easy passage of fæces from

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the first, and consequently avoids strain upon the sutures. And, also, experience shows that an ultimate contraction of the new hole to even half its original size may occur—may even be expected." In addition to the sutures attached to the plate, the author advises additional stitches coapting the edges of the bowel, in order to secure accurate coadaptation. The plate must not be immersed in a carbolic solution, as this causes it to soften much more quickly. The author sums up the advantages claimed for this method as follows:

"1. It may be made a real emergency method, being by far the speediest of all.

"2. The potato can be procured anywhere, without delay and without cost.

"3. It is a plate, and safer than a ring, because keeping in contact a wider peritoneal surface than a ring can do.

"4. A very long ellipse, which is best, is easily made and maintained.

"5. Unless withered and shrunken potatoes are used there is no tendency whatever to swelling, with its consequent danger from pressure, as against the catgut methods..

"6. It is rigid, and remains so longer than the catgut rings.

"7. One of the dangers of the boneplate is its slow absorption, with possible sliding so as to obstruct the new opening. If a plate by its presence will aid speedy application of a line of sutures, and will then keep the denuded surfaces quiet and in contact for just a few hours, that is all we want of it. And the sooner thereafter it disappears the sooner a possible source of danger is removed. If surgeons will only remember to *scrape well with a knife* the surfaces to be co-apted, they need not ever fear a lack of rapid plastic exudation. To aid perfect quietude of the guts during this period, the critical one, I would insist upon the invariable use of as large a hypodermic injection of morphine as the patient can safely bear."

Dr. Joseph O'Dwyer, of intubation fame, is now an L.L.D., having recently been the recipient of that honor, from the St. John's College, Fordham, N. Y. The doctor bears his honors modestly and greets his friends with his usual gracious smile. There is very little activity in professional circles now, and a great many physicians have left the city, to spend the heated term in cooler climates. If the weather does not improve, your correspondent will follow suit, but will endeavor to get back in time for the worthless letter which you insist on having.

"GOTHAM."

STATE BOARD OF HEALTH OF KENTUCKY,
EXECUTIVE OFFICE, BOWLING, GREEN, KY., JUNE 19, 1891.

To the Editor:—I am instructed by this board to transmit to you for publication the following self-explanatory resolution which was adopted at its recent meeting held in Louisville:

Resolved, That the Secretary be instructed to place upon the list of medical colleges whose diplomas are to be certified and endorsed for registration under the laws of this State, only such colleges as shall, after the session of 1891-2, exact of matriculates and graduates, a minimum of requirements not less than those required by the American Medical College Association.

Very respectfully, J. N. MCCORMACK, Secy.

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THE MEDICAL HERALD.

A PRACTICAL MONTHLY JOURNAL OF THE MEDICAL SCIENCES.

HIRAM CHRISTOPHER, M. D., Editor.

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EDITORIAL

Tuberculosis.

THERE is another physical feature in addition to those pointed out in our last, that is worthy of consideration, and this fact makes evident another law of the human organism; a law that indicates through its expression the degree of vitality possessed by an organism. This law is that men live or die according to their apparent age, and not their real age. A man of thirty, for instance, who looks to be verging on fifty or even forty, has but a few years to live. His organism has worn out its years, so to speak, rapidly, and life terminates naturally (though by some low form of disease. as phthisis) while the person is comparatively young. A lad of twelve who looked old enough to be near thirty, died about twenty, and a man of thirty who wore a look that made him fifty, died before he reached thirty-five. Such persons have natively a low form of vitality, derived from some cachexia possessed by one or both parents, or caused by a mixture of bloods of parents too closely related, or by vital incompatibility.

On the other hand, there is an organism of high vatality, where the party looks young for his age. Such persons are long-lived, and possess features of organism indicative of longevity. These do not die of hereditary diseases, such as phthisis. Of such persons, we may confidently and safely say that they will not die of phthisis, even though they breathe the supposed infectious material. Is this fact to be explained on the hypothesis that such persons are invulnerable to this infectious matter, or to the fact that they have not in their organism the diathetic susceptibility to the disease, no matter by what means it may be lighted up in the body? The disease rests not simply on a low vitality, but on one having a certain trend of action which we otherwise conceive of and call a diathesis.

In a work on the selection of lives for insurance, Dr. Wm. Brinton, of London, says: "Thus as respects phthisis, it often happens that long before any definite evidence of structural disorder can be obtained by the most sedulous examination of

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the chest itself, the symptoms sufficiently reveal the coming (or rather the existing) mischief. The sufferer, even when retaining all his ordinary habits, becomes paler, loses weight, is perceptibly thinner; his pulse and respiration rise from 65 and 20 per minute to 60 or 100 and 25 or 30 respectively. He feels so much dypnœa on exertion, that he can no longer walk or run rapidly, and is rendered quite breathless by quickly mounting a flight of stairs. While—to say nothing of the characteristic physiognomy, the brilliant eye, the pearly conjunctiva, the haggard, but excited face—the spasmodic working of the nostrils in respiration reveals a state of dypnœa, probably pulmonary, which tells the same tale as the above symptoms and history."

While this description is not applicable to every case; while these prodromic symptoms are not observed in every instance; yet if applicable to but a few, the fact shows that there is at work in the organism a morbid force which sooner or later makes its action manifest by the local eruption. When such symptoms appear in one who has the structural form of organism, previously mentioned, they must be ascribed to the action of the same morbid force that is the real cause of the peculiarities of structure; a morbid force that impresses itself on the living matter of the body, and giving to the vital force the trend of action that culminates in the morbid phenomena of the developed disease.

The trend-action of the vital force, or diathesis, may be acquired rapidly or slowly; in one generation by an admixture of incompatible blood or vitalities or in two or three generation by such environment as tend to lower the vital power of the organism, and give to it a susceptibility to disease unknown in the ancestors, and to engraft it on the body so as to make the acquired susceptibility a transmissible quality. In either case, however, they are systemic or constitutional states or conditions, so fixed and permanent as to characterize morbid processes which occur in the body.

The evidence of transmission is generally to be seen in marked resemblance, in one or more particulars, to a parent or a more distant relative, following the general law of hereditary transmission. There is no fact of physiology more evident than that which marks heredity, whatever may be the peculiarities of organism; and it is just as certain that morbid susceptibilities are transmitted as are features which characterize families, peoples, and races.

There are instances, however, where the offspring have no resemblance, or but slight, to their parents, either or both, in the general or particular make-up of the organism. Instances are known of a robust father who, by virtue of rugged constitution, has passed the period of three score, and of a mother whose general health through life and child-bearing has always been good, having children who resembled them scarcely in a single feature; who bore in their persons the evidence of a short life, verified in some of the members of the family by a comparatively early death, One could see in these children no evidence of their parentage; and the fact seems impossible of explanation, unless it be found in that subtle and mysterious influence exerted by one blood on another, or one vitality on another, resulting in a true *tertium quid*, as much unlike its component elements, as are the atoms of a binary salt unlike the salt formed. Such constituted organisms transmit their peculiarities as do the formed breeds of animals. Such facts as these go to show that there is such a condition of the organism as that which is called a diathesis, and

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that diatheses become so fixed and permanent as to be transmitted to a second or third generation.

If there be cases of phthisis which are not hereditary, (and there may be, as already intimated), the fact is to be explained on the hypothesis of a mixture of incongruous or incompatible bloods; yet in such cases there will probably be observed the features of an organism that point to a short life, and one that will end in phthisis.

Then, again, climate may work changes in the organism that turn in the direction of tuberculosis. The influence of climate in producing such a result is too subtle and tangible to be detected by any known means. It shows its influence only in results. Because the action of climate in this particular has not been observed in any special case, the fact constitutes no ground for disbelieving that climate does exert such an influence and produce such results. When tropical animals are taken into a colder climate, though housed in warm apartments, and have, consequently, all the advantages which external heat can afford, they yet gradually decline and die of lung trouble of a tubercular character.

The influence of climate or environment, or both combined, is seen in the changes which some of the peoples of Europe undergo by residence in the United States, and especially in the children born of German parents. After a few generations, all traces of German origin and blood disappear, and even in families of German inter-marriage; and if the changes effected should point in the direction of a lower vitality, phthisis would, doubtless, develop in some of the remoter descendents. In all such cases, the vital force is affected, acquiring, under the influences of climate and environment a trend of action that ends in the low vitality of tuberculosis. Under such a constitutional state or condition of the organism, local disease assumes the forms and characteristics that distinguish such constitutional state. Thus, when the tubercular diathesis exerts its influence over local morbid action, the disease becomes tuberculous with its usual characteristics. So with diathesis. Many persons smoke who do not die of cancer of any part of the food-passages; but when this cachexia or diathesis exists, then local irritation, as that excited by the nicotic irritant, takes on the form or nature of the diathesis.

There is no fact in medicine better established than that constitutional states or conditions affect local diseases. In that aplastic condition of the blood, which characterizes erysipelas, nothing can be done, or should be done, for its local manifestation than the application of agents that tend to soothe the irritation, while the *cure* of the disease is to be sought in those agents that effect the necessary change in the blood, changing it into the plastic condition, under which state the disease soon disappears.

From whatever cause the tuberculous diathesis may arise, when it exists, it impresses the body with its own nature and tendencies, so that an organism so impressed is less able to resist the influence of ordinary morbific agents; and when from any cause the powers of life are still further depressed, or when the diathetic action is particularly strong, then local manifestations begin to appear in the changed character of the secretions of the organs invaded. When the lungs become the seat of the local eruption, the secretions of the mucous membrane become abnormal, and afford a nidus for micro-organisms, and a pabulum on which they can nourish. Hence their presence in the fluid does not begin until the normal

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secretion has become so far a morbid secretion as to become susceptible of their action, which is nothing more than feeding on it and impregnating it with their own excretions. Up to such a time, no organisms are found in the secretions of the mucous membrane, though the body has presented evidences that phthisis exists. These evidences are prior to expectoration from the seat of the disease, before the secreted fluid has become of sufficient quantity to be thrown out by coughing. Organisms appear in the fluid not until the action of the diathetic disease or accidental inflammatory action has rendered the secretion morbid.

These things be true, it follows that the presence and action of micro-organisms as germs can not be the cause of the tuberculosis. We say as *germs* because only as germs do micro-organisms exist in the air and are introduced into the body. As matured organisms, they can not exist in the air, because of the absence of the necessary physical and vital conditions. As germs, micro-organisms are very tenacious of life; as matured individuals their life is short and easily destroyed, and like all living organisms perish when food is unsuitable, or rendered poisonous by so-called antiseptics. The normal fluids of the body are all antiseptics; only the abnormal or morbid are susceptible of so-called septicism. When normal fluids are extravasated, they become susceptible of septic changes, except blood. In wounds, the lymph that appears on the surface of the wounds, is intended to effect union of the surfaces, and will do so when it is normal and the air is perfectly excluded, either by absolute contact of the surfaces or by the presence of a substance which will protect it from the air, and hence from the action of the germs of micro-arganisms. Even when the lymph is not normal, but susceptible of septic change, if an antiseptic can be mingled with the lymph, one that will not destroy it or tissue, no septic changes will take place. Where air has access, their *presence* can not be prevented; but their *action* may be by the presence of an antiseptic which acts as a poison and prevents the germs from developing.

If then, the surface of the mucous membrane on which the abnormal secretions lie in the case of phthisis, could be covered with an antisepiic, as resorcinized vaseline no bacilli would be found in the expectoration. The disease would go on to a fatal termination without even one bacillus appearing in the sputum. It is, therefore, evident that micro-organisms have nothing whatever to do with the disease as a cause, either proximate or remote. Their excretions which are probably noxious, may accelerate death by poisoning the body by inhilation of the morbid gases; but it is contrary to the fundamental law of the organism that any part of the morbid fluid should be absorbed by the vessels of the lungs.

It may be assumed as probable that the alkaloid found in the excretions of the tuberculous bacilii by Dr. Koch in his culture-media, is also present in the secretions of the lungs of a patient sick from phthisis; but it certainly is not absorbed, since none of the violent symptoms produced by it, have ever been observed in a tuberculous patient. Its presence in the secretions may destroy, and very probably does destroy, some of the organisms present, but it does not affect the patient. If introduced into the body, it could have no beneficial effect on the disease in any specific manner, since there are no specifics for morbid action, and for the best reason in the world that the vital force is the power that *cures—the vis medicatrix nature*, without whose service the body can not be freed from any morbid action, local or general. It is, therefore, irrational to suppose that the so-called bacillus tuberculosis has any causative connection with this disease, or indeed, with any other.

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The Inter-Continental American Medical Congress.

WE publish in this issue a call for a congress of physicians of the American continent. This was doubtless suggested by the Pan-American Commercial Congress which was held in Washington City last year. That congress promises very beneficial and very great material results; and now the hope comes, and a reasonable one, too, that great benefits will accrue to medical science and therapeutical art, and other branches of science, by a similar congress held in the interests of science, and of medical science particularly and specially.

There is looming up on this western continent a colossal governmental fabric that already engages the attention of all civilized peoples, and excites apprehensions among some by its commanding position in the commercial world, because it seems to threaten the supremacy of the older governments. The "feeble folk" of three millions that fought their way out of colonial dependence and commercial thraldom, passed successfully the Red Sea of the revolution, worked its way through the arid desert of financial depression, and has now entered the Promised Land—the Pilgrims hoped-for land, and is throwing over and around the people its nets in commerce, the benign influences of its heaven-inspired institutions.

The destiny of the United States is not within the conjecture of the most vivid imagination. The supremacy of the English language and republican institutions is simply but a question of time. This great people is making no fuss in its onward mareh; no trumpet is sounded before it that the world may know whither this people is tending; but active, energetic, non-flagging self-constituted missionaries are to be found in all lands. The press spreads abroad, far and wide, *ideas* that embody the forces of these states, and which work their way into mind and heart, and mold what they touch after their own image. The fruits of their constructive genius find a market in every land of civilized people. No obstacle can arrest the feet or stay the hands of this great country; the world can but look on with a gaping admiration, and witness how old fabrics crumble, how old and odd things give place to the new and elegant and how this daring genius tramples down the worn-out, and sets in motion machinery that is to change the face of the whole world. Here are people who have framed institutions that have contributed their part in making the Anglo-Saxon race, in will, nerve and muscle, the foremost people on the globe.

Destiny is at work. Call it fate, or mind and energy, if you will; but better and more correctly, providence. The shadow on the dial of the ages is verging on the noon. The new world—the child of a century—is coming to the front. The decree has gone forth that the American Anglo-Saxon is to become the leader among men. The limit of his power is the impossible, while the impossible can be known only by trial.

What may come of the proposed congress can not be known or even suspected until it has come and gone. The great mass of material that lies awaiting us can not be measured or weighed. What science may discover in the search it may make can not be conjectured. Vast fields of the useful await the sickle. Rich fields are to be gathered in the years to come, and the seeds of many are not yet planted; nor is it yet known what future harvests may bring to view. The possibilities of the southern continent are great. Great valleys and mountain slopes await exploration. The many remedial agents that have found a place in our thera-

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peutics are but a few of the many not yet discovered. What their physicians and surgeons have done and are doing should be added to our stock of knowledge; and to gain this there must be a closer drawing together of the laborers in these territories.

"Cast thy bread upon the waters and thou shalt find it after many days."

THE INTER-CONTINENTAL AMERICAN MEDICAL CONGRESS.
OFFICE OF THE PERMANENT SECRETARY OF THE AMERICAN MEDICAL ASS'N,
PHILADELPHIA, JUNE 4, 1891.

To the Medical Profession of the Western Hemisphere:

At the meeting of the American Medical Association, held at Washington, May 5, 1891, Dr. Charles A. L. Reed, of Cincinnati, introduced the following:

Resolved, That the American Medical Association hereby extends a cordial invitation to the Medical Profession of the Western Hemisphere, to assemble in the United States in an Inter-Continental American Medical Congress.

Resolved, That the Committee on Nominations be and is hereby instructed to nominate one member for each State and Territory, and one each from the Army, Navy and Marine Hospital Service, who shall constitute a committee, which is hereby instructed to effect a permanent organization of the proposed Inter-Continental American Medical Congress, and to determine the time and place at which the same shall be held.

The resolutions were seconded by Dr. Wm. H. Pancoast and others, and unanimously adopted.

Pursuant to the foregoing the following committee was nominated and elected:

ALA.—W. H. Sanders, M. D.
ARIZ.—Henry A. Hughes, M. D.
ARK.—Ed. Bentley, M. D.
CAL.—W. R. Cluness, M. D.
COLO.—Wm. A. Campbell, M. D.
CONN.—C. A. Lindsley, M. D.
DEL.—C. H. Richards, M. D.
D. C.—D. W. Prentiss, M. D.
FLA.—C. R. Oglesby, M. D.
GA.—J. McFadden Gasten, M. D.
IDAHO—Geo. P. Haley, M. D.
ILL.—N. S. Davis, M. D.
IND.—A. M. Owen, M. D.
IOWA—B. H. Criley, M. D.
KAN.—J. E. Minney, M. D.
KY.—J. N. McCormack, M. D.
LA.—Stanford E. Chaille, M. D.
MAINE—Hampton E. Hill, M. D.
MD.—Geo. H. Rohe, M. D.
MASS.—Augustus P. Clarke, M. D.
MICH.—C. Henri Leonard, M. D.
MINN.—P. H. Millard, M. D.
MISS.—W. T. Kendall, M. D.
MO.—I. N. Love, M. D.
MONT.—Thos. J. Murray, M. D.
NEB. R. C. Moore, M. D.
NEV.—P. J. Aiken, M. D.
N. H.—Irving A. Watson, M. D.
N. J.—E. J. Marsh, M. D.
NEW MEX.—C. E. Winslow, M. D.
N. Y.—John Cronyn, M. D.
N. C.—H. Longstreet Taylor, M.D.
N. D.—E. M. Darrow, M. D.
OHIO—Charles A. L. Reed, M. D.
OREGON—Wm. Boys, M. D.
PA.—Wm. Pepper, M. D.
R. I.—Geo. L. Collins, M. D.
S. C.—R. A. Kinloche, M. D.
S. D.—J. W. Freeman, M. D.
TENN.—J. R. Buist, M. D.
TEX.—J. W. Carhart, M. D.
UTAH—F. S. Bascom, M. D.
VT.—H. H. Holton, M. D.
VA.—J. S. Wellford, M. D.
WASH.—J. M. Morgan, M. D.
W. VA.—J. H. Brownfield, M. D.
WIS.—J. T. Reeve, M. D.
WYO.—J. H. Finfrock, M. D.
U. S. A.—.....
U. S. N.—A. L. Gihon, M. D.
U. S. M. H. S.—J. B. Hamilton, M.D.

WM. T. BRIGGS, M. D., President.

WM. B. ATKINSON, M. D., Permanent Secretary.

THE INTER-CONTINENTAL AMERICAN MEDICAL CONGRESS.
OFFICE OF THE CHAIRMAN OF THE COMMITTEE ON PERMANENT ORGANIZATION,
CINCINNATI, JUNE, 6, 1891.

The committee appointed by the American Medical Association to effect a permanent organization of the Inter-Continental American Medical Congress, met at "The Arlington," Washington, May, 7, 1891. The following officers were elected: Charles A. L. Reed, M. D., Cincinnati, Ohio, Chairman; J. W. Carhart, M. D., Lampasas, Texas, Secretary; I. N. Love, M. D., St. Louis, Mo., Treasurer.

On motion, the officers were appointed a special committee to draft a constitution, and report the same at an adjourned meeting of the General Committee, to be held at St. Louis, Mo., Wednesday, October 14, 1891, when the time and place of meeting of the Congress will be decided, and permanent officers elected.

CHARLES A. L. REED, M. D., Chairman.

J. W. CARHART, M. D., Secretary.

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The Electro-Therapeutic Association.

THIS Society will hold its first annual meeting at the Hall of the College of Physicians, cor. Locust and Thirteenth Streets, Philadelphia, Pa., Thursday, Friday and Saturday, September 24th, 25th and 26th, 1891, under the Presidency of Dr. G. Betton Massey. Physicians interested in the discussion of electricity in medicine, are invited to attend without further notice.

WM. H. WALLING, M. D., Secretary, 2005 Arch St. Philadelphia.

HORATIO R. BIGELOW, M. D. Chairman Ex. Com.

American Public Health Association.

SECRETARY'S OFFICE, CONCORD, N. H., July 7th, 1891.

THE Nineteenth Annual Meeting of the American Public Health Association will be held at Kansas City, Missouri, October 20, 21, 22 and 23, 1891. The Executive Committee have selected the following topics for consideration at said meeting: 1. Sanitary Construction in House Architecture. (a) Heating. (b) Lighting. (c) Drainage. (d) Ventilation. 2. Railroad Sanitation. 3. Meat Supplies. 4. Milk Supplies of Cities. 5. Arsenical Papers and Fabrics. 6. Isolation Hospitals for Infectious diseases in Cities. 7. Papers upon any of the subjects upon which special committees have been appointed. 8. Papers on Miscellaneous Sanitary and Hygienic Subjects. Invitations extended to individuals to prepare papers for the Association do not imply their acceptance by the committee, merit alone determining that question. All communications relating to local matters should be addressed to E. R. Lewis, M. D., Chairman Local Committee of Arrangements, Kansas City, Mo., Another circular will be issued before the meeting, giving transportation rates, hotel rates, etc. Blank applications for membership can be obtained by addressing the Secretary, or Chairman of the Local Committee of Arrangements.

IRVING A. WATSON, Secretary.

Prof. W. I. Heddens, M. D.

THE Board of Trustees and Faculty of The Ensworth Medical College and Hospital, as well as the citizens of St. Joseph, have lost by the death of Dr. Heddens, an ardent friend and an excellent physician; one on whose mind the interests of the college and hospital constantly bore, and engaged his almost undivided attention; and a physician whom many will miss, and whose memory cherish. We reproduce here an obituary that appeared in the *Daily Herald* on the morning of the fourth day of July, and the day after his decease:

"Dr. W. I. Heddens died at his home, Eighth and Faraon streets, at 9:20 o'clock, yesterday morning, aged 63 years and four months, after an illness, more or less severe, lasting several months. He was conscious to the very last moment, though he had been in a dying condition for almost a week.

William I. Heddens was born in Preble county, Ohio, February 14, 1828. He was educated in Cincinnati, at one of the leading universities, then entered Jefferson Medical College, at Philadelphia, then as now, one of the most noted medical schools in the world. When he had completed the full course Dr. Heddens began practice at Barboursville, Ky., remaining there three years. He then concluded to seek a wider and better field, and came to St. Joseph in 1858. He at once became prominent as a physician and surgeon. He was a member of the State Medical Association and was at one time its Vice-President. He afterwards served as Pres-

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ident of the Northwestern Medical Association, and during the years 1875-6-7, was President of the St. Joseph Medical Society. When the late Samuel Ensworth died he left a handsome bequest for the founding of the Ensworth Medical College and Hospital, and Dr. Heddens was named in the will as one of the trustees of the bequest. At the time of death he was President of the Board of Directors of the College. As a writer on the medical questions his fame was national. He was a member of the masonic fraternity and the I. O. F.

Dr. Heddens was twice married, first to Miss Katharine Adams. of Barboursville, Ky., who died June 6, 1874. His second wife, who survives him was Miss Mattie D. Offutt, of Shelbyville, Ky.

The cause of Dr. Heddens' death was blood poisoning, which followed an attack of la grippe, and was in reality the continuation of poisoning which set in some years ago, following a wound received while performing a surgical operation.

The funeral will take place Sunday at 3 p. m. from the christian church, Tenth and Edmond.

The casket will not be opened at the church, but any friends desiring to see the remains can do so Sunday morning between 10 and 12 o'clock, at his late residence, corner of Eighth and Faraon streets. The following persons will act as pall bearers: D. M. Steele, Abram Nave, J. M. Richmond, A. Kirkpatrick, James McCord, Calvin Wyatt, T. H. Doyle, M. D., Jacob Geiger, M. D., C. R. Woodson, M. D., B. R. Vineyard, S. C. Woodson, O. M. Spencer."

The following gives the action of the faculty of which he was a member:

WHEREAS, The hand of Divine Providence has taken from us our fellow laborer and intimate friend, W. I. Heddens, one who has gone in and out among us for so many years, and to whom we were endeared by many social and professional ties: and

WHEREAS, It is but justice to our own feelings and in every way proper that we, in some befitting manner, recognize our sense of his personal and professional worth and many virtues; therefore, be it

Resolved, By the faculty of the Ensworth Medical College, that while we humbly bow before this dispensation of "Him who doeth all things well," we can not but realize that in the death of our colleague the college has lost an ardent and devoted friend and a skillful teacher, and one who rejoiced in its work and success:

Resolved, That in his death medical education has lost a zealous friend and ardent worker, the profession a useful member, and the community a benevolent physician.

Resolved, That our profoundest sympathy and condolence are hereby extended to the bereaved family in their great affliction.

Resolved, That these resolutions be published in the city papers, and a copy sent to the grief stricken family.

JACOB GEIGER, M. D.
H. CHRISTOPHER, M. D.
E. A. DONELAN, M. D.
C. R. WOODSON, M. D.
J. D. SMITH, M. D.

DR. M. F. WEYMAN, recently appointed Lecturer on the disease of the Eye and Ear in The Ensworth Medical College, has opened an office on Eighth street between Felix and Edmond. We hope that he will find his new home very agreeable, and his reception as a specialist very encouraging.

DR. T. H. DOYLE has resigned the chair of "the Principles and Practice of Medicine" in the Ensworth Medical College. The faculty were loth to give him up and reluctantly yielded to his wishes. He has been connected with the school from its beginning and enjoyed to the fullest extent the friendship and esteem of his associates. In his resting, may he often call to mind the good old times of other days. Dr. Jas. D. Smith, who has held the chair of Railroad Surgery, was selected to supply the vacancy. He, too, was a colleague of Dr. Doyle in the beginning of the St. Joseph Hospital Medical College, and occupied the Chair of Surgery.

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Our Book Table

ESSENTIALS OF SURGERY AND A FULL DESCRIPTION OF THE HANDKERCHIEF AND ROLLER BANDAGE; Edward Morton, A. M., M. D., University of Pennsylvania. Fourth edition. Price $1.00

An excellent little work on surgery. Practical from cover to cover. The illustrations are numerous. The chapters on bandaging are very complete. An appendix is added giving prescriptions for the preparation of antiseptic materials and several hundred receipts covering the medical treatment of surgical affections.

FEVER; ITS PATHOLOGY AND TREATMENT BY ANTIPYRETICS; Hobart Amory Hare, M. D. F. A. Davis, publisher, Philadelphia.

This is No. 10 of the Physicians' and Students' Ready Reference Series, and consists of the Boylston Prize Essay of Harvard University. Dr. Hare has also captured the prize offered by the Academy of Medicine, Belgium, on Epilepsy, a monograph which appears in this same series and was reviewed in the MEDICAL HERALD.

Fever has always been an engrossing subject to physicians and is liable so to continue. It is met with so frequently in practice that it demands a large amount of thought on the part of the doctor. The antipyretics are discussed fully, and are divided for study into three great classes, those which prevent the production of fever, those which prevent production and increase dissipation, those which increase radiation alone. To the second class belong most of our antipyretics. The drugs discussed are antipyrin, antifebrine, phenacetine thallin and salycylic acid. Dr. Hare has collected a large number of cases from medical literature illustrating the untoward effects of these antipyretics. The number of deaths reported following their use is small compared with the severity of the disagreeable symptoms and is calculated to inspire confidence in the use of the remedies. The essay is well worth a careful reading by every physician who attempts to use any of the antipyretics discussed. It is certainly the greatest amount of information concerning this class ever compressed between the covers of one book.

INTERNATIONAL CLINICS; A QUARTERLY, published by J. B. Lippincott Co., Philadelphia.

We have received the APRIL number of this new and important work, one undertaken with the view of prosecuting the subjects which are treated in its pages, in so realistic a manner as to make the work one of a truly practical character. The descriptions are so clear and vivid as to make the reader feel as if he had the speaker and patient before him. The work is a large octavo of more than 350 pages, and embraces many and various subjects, some rare and many common, and illustrated by excellent plates and figures. The work can hardly fail to meet with a cordial reception and extensive sale, since it is so life-like in all it has so successfully accomplished.

PHYSICIANS' LEISURE LIARARY; Cloth, 50 cents; paper, 25 cents. Geo. S Davis, Detroit, Mich.

TAKING COLD; F. H. Bosworth, M. D., Professor of Diseases of the Throat in Bellevue Hospital Medical College.

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The author treats the subject much as diseases are usually described. It is the most satisfactory brochure on the subject we have seen and is particularly plain in describing what a "cold" really is, and what its etiology. The point is clearly made that a disturbance of heat equilibrium is the real cause. Much stress is laid upon bathing and clothing as prophylactics.

ELECTRICITY; ITS APPLICATION IN MEDICINE; Wellington Adams, M. D.; 2 vols.

A knowledge of the physics of electricity on the part of the medical profession, generally speaking, is decidedly deficient. This necessarily must underlie its proper use as a remedial agent. One might as well prescribe drugs and know nothing of materia medica. Books upon electricity are not lacking in number, and have on this account created the impression upon the minds of those who had finished a collegiate education before this new field was opened that the subject is a most complex one. Dr. Adams from a vast experience is enabled to wonderfully simplify the physics part of the problem and to clearly explain the therapeutical uses as well.

PRACTICAL POINTS IN THE MANAGEMENT OF THE DISEASES OF CHILDREN; by I. N. Love, M. D., published by Geo. S. Davis, Detroit, Mich,

This little book is one of the series published as "The Physician's Leisure Library." The author is well known in professional circles, as may be seen by the title page. The book is properly titled, as one will readily perceive by a perusal of its pages. There are many good things to be found in it, and the knowledge gained, much of which is suggestive, will well repay a careful perusal of its pages. The work may be considered a success in its line.

WOOD'S MEDICAL AND SURGICAL MONOGRAPH FOR JUNE, contains *Influenza Associated with Nervous and Mental Diseases*, by Dr. Van Deventer. *Technic of Ling's System of Manual Treatment as Applicable to Surgery and Medicine*, by Arvid Kellgren, M. D. *Antipyresis*, by Prof. Dr. Arnaldo Cantani. *Some Urinary Disorders Connected with the Bladder, Prostate and Urethra*, by Reginald Harrison, F. R. C. S. The last is especially good.

THE OPHTHALMIC RECORD, a monthly, and published in Nashville, Tenn., G. C. Savage, M. D., Editor, has found its way to our table. A Department, embracing Laryngology and Otology, conducted by George H. Price, M. D., is made a prominent part of the *Record*. We may reasonably expect that it will *see* well, *hear* well, and *speak* well on all matters presented in its pages.

ST. NICHOLAS—JUVENILE MONTHLY; The Century Co., publishers, New York City. $2.40 per annum.

The July number has a rich abundance of the short and bright articles which children are so fond of reading, there being thirty items in the table of contents. The first story, "Rescued by the Enemy," deals with the defeat of a party of marauding "Whaleboat-men" on the north shore of Long Island, in Revolutionary days, by the timely arrival of some British Marine officers. It is illustrated by Birch, one of the pictures forming the frontispiece. There is an account of "Douglas Jerrold" by his grandson Walter Jerrold, with a portrait; and there is a story of adventure, "Storm Bound Among the Clouds," describing a perilous climb across a terrble icy slide. Two more of the humorous "Swimming-hole Stories," by Walter Storrs

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Bigelow, will delight the boys, and bring memories of happy days by the river to their elders. Mary Shears Roberts writes of "The Home of the Empress Josephine," and shows a photograph of the beautiful statue at Martinique of the Creole empresss. A pleasantly quaint story is "Letty Penn's Visit," showing how a daring little Quaker girl danced a wild Indian dance to amuse the daughter of the great founder of Pennsylvania. In the "Tongaloo Tournament" we hear the fate of a commercial enterprise to Corea; but we feel sure that few readers will give implicit faith to the story, which is cleverly illustrated by Bensell. The serials by J. T. Trowbridge and J. O. Davidson are full of incident, and of the bright verses and funny pictures we can specify only a few: "A Suggestion" to the Weather Bureau will win hearty endorsement; Birch's "Young Pan" is charming, as are his pictures to "A Bachelor of Maine," by Ellen Douglas Deland; Mildred Howells sings "A Song of Folly," and illustrates it with a clever pencil; and Oliver Herford shows us a giraffe who complains that his hot tea cools before he can swallow it. A bright bit of verse by H. A. Ogden is the third item where author and illustrator are one person, and there are many more nuggets, including a sunshiny sketch, by Brennan, of a little girl going to post a letter. Maurice Thompson has a lyrical poem, "In the Clover," illustrated by Harry Fenn, and for the other features we recommend the adult inquirer to submit the number to his young friends, and to watch them read it.

THE CENTURY MAGAZINE.—The Century Co., publishers. $4.00 per annum.

A portrait of Horace Greeley forms the frontispiece of *The Century* for July to accompany a hitherto unpublished address by Mr. Greeley on Abraham Lincoln, which, coming after the Hay and Nicolay history, and Mr. Schurz's review of the same, will be read with particular interest, not lessened by the knowledge of the peculiar relations which existed between Lincoln and Greeley. The address was written in or about 1868, and is printed from the original manuscript. The paper in the California series this month is one of peculiar interest. An important paper by Dr. Albert Shaw, in his series on Municipal Government, describes the government of Paris, which he calls the "Typical Modern City," and which is treated of in all the prominent relations of the city to its people. Dr. Shaw calls Paris "the best lighted city in the world," and narrates what it does for its citizens and what it all costs. A paper by Joseph Pennell, illustrated by himself, gives a picturesque description of Provencal Bull-Fights, in which, as the author says, there is much sport and little if any cruelty. Mr. Hopkinson Smith, the author of "Colonel Carter of Cartersville," contributes an idyllic paper entitled, "A Day at Laguerre's," Major. G. W. Baird furnishes a paper on "General Miles's Indian Campaigns." Prof. Edward S. Holden of the Lick Observatory is the author of a paper of popular astronomy entitled, "A Lunar Landscape." Mr. W. J. Stillman treats of Fra Bartolommeo and Albertinelli, and examples of the two masters are presented in wood-cuts by Timothy Cole, whose work in this series, it will be remembered, is executed after very close study of the original pictures, and for the most part in the presence of them. The poetry of the number includes an illustrated poem, "The Drummer," by Henry Ames Blood, and other contributions by Margaret Crosby, Ernest Rhys, Henry Tyrrell, C. P. Crance and Grace H. Duffield. In fiction there is the third part of Stockton's story, "The Squirrel Inn," accompanied by pictures

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by Frost. "The Faith Doctor," Edward Eggleston's theme. "Mr. Cutting, the Night Editor," by Ervin Wardman; and "The Force of Example," by Viola Roseboro'. In the editorial department the series of papers on financial topics, which has attracted much attention, is continued by an account of John Law's scheme, the likeness of which to Senator Stanford's land loan scheme is set forth. It is announced that the following article in the series will deal with the similar experiment in the Argentine Republic. Other editorials are "The New York of the Future" and "'Journalists and Newsmongers' Again," the last being appropos of a paper in the Open Letter Department on "Conscience in Journalism," by Eugene M. Camp.

In the July number of *Babyhood*, Dr. David Warman publishes a valuable paper on the subject of difficult dentition and lancing the gums, which is designed to correct the erroneous impressions that prevail among mothers in regard to the teething process. Mrs. Felix Adler describes a plan for providing poor children with sterilized milk; Mrs. Christine Terhune Herrick contributes practical "Hints for the Toilet of Children," and various writers discuss such topics as "A Clothes-Basket Bassinette," "A Defense Against Musquitoes," "A Folding Bath Tub," "A Protest Against Whipping," "Smiles and Frowns," etc. The Nursery Problems deal largely with seasonable subjects, such as "Fruit in Summer," "Summer Dress," etc., and altogether the number will be found to contain much that is valuable to mothers of young children. Babyhood Publishing Co., 5 Beekman Street, New York.

Lippincott's Monthly Magazine for August is a most excellent number. A Daughter's Heart, by Mrs. H. Lovett Cameron leads. It is a very interesting story, and all will read it with avidity. Thoreau and his Biographers by Sam'l Authur Jones; Walt Whitman's Birthday, by Horace L. Trubel; My Adventure with Edgar Allen Poe, by Julian Hawthorne; A Plea for Patriotism, by Mary Elizabeth Blake; Re-roasted Chestnuts, by George Grantham Bain; The Star and the Indian Empire, by Clarence B. Moore; with the usual supply of poetry, go to complete the August issue and make it one of the best.

Poultney Bigelow, who was a schoolmate of the German Emperor, (will contribute an article to the Midsummer (August) Number of *The Century* on the first three years of the Emperor's reign—the third anniversary of his ascent to the throne having taken place on the 15th of June. Mr. Bigelow believes that "since Frederick the Great no king of Prussia has understood his business like this emperor," and in this article he gives what he considers the secret of the power of William II. with his people, and incidentally contributes many facts regarding his life. This number of *The Century* will be especially rich in illustrated articles and complete stories, and the illustrations of Mr. Bigelow's paper will include a number of views of the palaces at Berlin and Potsdam, and engraved portraits of the Emperor and Empress, will form a double frontispiece.

The Motive and Method of Electricity in Pelvic Inflammation. Reprint by Geo. F. Halbert, M. D., St. Louis, Mo.

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Crumbs.

THE milk of the stem of a fresh fig is said toe be an infallible cure for ringworm. So rare a thing as infallibility is of great value; but how are we to get the fresh fig?

Facilis descensus Averni. The Avernus of Virgil was under the earth. We have seen some on top. When a doctor gets his consent to sit on goods-boxes or on benches before stores or public houses, and "gas" on politics and waste his time foolishly, he is on that easy road to Avernus.

Difficilis ascensus Parnassii. When, on the contrary, he "keeps his office that his office may keep him;" conducts himself as a man who esteems mental culture above price; who passes his leisure hours among his books, and studies to fit himself, at least, for the emergencies of his profession, he may find the road difficult, but he knows that it leads up hill, gives him a more commanding position in the community, and gains him the esteem, at least, of his own conscience and self-respect. Doctors of the goods-box and curbstone may be a "hale fellow" with the common herd, but he will not enjoy the respect and confidence of those whose respect and confidence will be of any profit or advantage to him.

A PARADOX is something singular, curious or "funny." It strikes us sideways. The heart beats faster the weaker it is; and the younger one is the more he knows. In some way he acquires without learning. The heart slows up as it gets stronger; and the man well on in years knows less as he learns more. In the beginning, a little knowledge goes a great way; toward the end, the much becomes little. Folly is at one end, wisdom at the other, but the fact is not discovered until we get there. The credulity of youth and the skepticism of age are in strong contrast, because the visions of one are found to fade before the increasing light of advancing years, while the other has acquired the stability of experience.

THERE ought to be a *sheol medicale* for those doctors who are so utterly lost to all the instincts of the gentleman, and which are a part and parcel of the very being of a true physician, as to combine with an equally unscrupulous druggist to defraud the patient whose confidence he at the same time desires and seeks to enjoy. One must have "the cheek of a government mule" to be able to look his patient in the face when writing his prescription, knowing that his commission will be added by the druggist. The physicians of a part, if not at all, of California are excited on the subject and the honorable ones are humbled by the disgraceful, dishonest and infamous practice. It is to be hoped that all the guilty will be discovered and the brand of Cain burned on their forheads. The clandestine practice deserves unlimited rebuke and condemnation.

INEBRIETY is a crying evil in the land. By a few, drunkenness is regarded as a disease and hereditary, and to be so treated. By others, it is regarded as a crime to be punished. Those who consider it a disease hold that institutions should be established for the care of the victim and the methodical treatment of the disease. Private institutions do something in this direction; but it is held that State institutions are needed. Insanity is hereditary; but no one so affected ever goes to work to hasten its eruption. The disease lies beyond the control of the victim. But drunkenness is a crime because it is under one's will to indulge or abstain from the agents that produce it; a crime against the State because it adds to the burdens it has to carry, and brings in its train nothing but evils. If, therefore, it is the duty of the State to establish inebriate institutions, it is also its duty to do it without burdening the innocent with the cost of establishing and maintaining them. Let the burden be borne by the manufacturer and wholesale and retail dealers. Let the evil doers provide for the evils they occasion, whether the evils be direct or indirect, and it will not be long before the cause of crime and insanity will disappear.

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HICCOUGH is known to be an ugly and troublesome symptom, and is treated tentatively. Pilocarpine is said to have arrested it.

"THE wearer of diamonds, according to Pliny, was secure against insanity." (*Medical Record.*) We now know why diamonds are so highly esteemed and stand at the head of precious gems, and why so many "strain" a good "many points" to possess them. Also why insane asylums are rapidly filled up and kept filled,

GRIMAUX and Arnaux, of Paris, are said to have succeeded in producing artificial quinine, or a compound "identical with quinine." Identical in what? Atomic constitution? That does not make compounds of identical properties. Theine and caffeine are identical in composition, but not in properties. The natural article need not be alarmed. Laboratory compounds will never supplant it.

IN every city fish on ice are kept for sale, being in direct contact with the ice. The *Lancet* contains a warning which it would be well to heed. Moisture spoils the fish in more ways than one. The *Lancet* advises, and very judiciously, that fish be allowed to dry, and then be shipped in a box with the ice packed in a surrounding chamber. In that case we have dryness and low temperature, both preventive of the action of micro-organisms, which are the cause of the fish spoiling and becoming more or less poisonous.

THE Mississippi Valley Medical Association will hold its seventeenth annual session at St. Louis, Wednesday, Thursday and Friday, October 14, 15 and 16, 1891. Reduced rates and an excellent program will bring out a large attendance. The medical profession is respectfully invited. The officers are as follows: C. H. Hughes, M. D., 500 N. Jefferson eve., St. Louis; E. S. McKerth, Secretary, 57 W. 4th, Cincinnati, Ohio; I. N. Love, M. D., chairman committe of arrangements, 501 N. Grand ave., St. Louis, Mo.

O, LYDIA, Lydia, here you are again, looking just the same. Time writes no wrinkles on your brow. Are we never to see the last of you? Are you another Wandering Jew, driven over the world by the *spirit* of benevolence toward your own sex? We had fondly hoped that your pleasing face had gone with you to the Better Land, but here it is again, just as natural as in other days. Were you an import from a preceding century? We wonder that you do not tire in telling the same story, not overly truthful, though it be the product of your own wonderful genius. You are a female benefactor, subjectively and objectively. You ought to know of course, but why do you do your alms before *men* and not before women exclusively? Put your picture—a face genuinely good and benevolent—"where it will do the most good." It is rather too antique to engage the attention of men of this decade. They are not antiquarians of this kind. Keep it before the *afflicted* in journals intended for your sex, but do not "torment us before the time." *Requiscas in pace, si vis*, but give *us*, in any event, a rest. Bid us *vale in eternum.*

"FAR IN THE SOUTH."

"Far in the South the redwings hear and speed
To answer nature's far-heard Northern cry.
Swift from the fields they gather, and take on
The burden of a journey. Young and old
Swing upward to the sun, as if the need
Of earth and of her comfort were gone by,
And guided by the star of memory, run
Upon the trembling air. If losing hold

With weary wing, one settle to the land;
If sideways glancing from the flight, one see
A fairer light than hope; or faltering,
Another answer to the white command
Hurled upward from the gun—yet joyfully
The happy flight speeds onward with the spring."

—*P. H. S., in Harpers Weekly.*

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PEROXIDE OF HYDROGEN,

(MEDICINAL) H_2O_2 **(ABSOLUTELY HARMLESS.)**

Is rapidly growing in favor with the medical profession. It is the most powerful antiseptic known, almost tasteless, and odorless.

This remedy is not a Nostrum.

Can be taken internally or applied externally with perfect safety. Its curative properties are positive, and its strength and purity can always be relied upon.

A REMEDY FOR

DIPHTHERIA; CROUP; SORE THROAT, AND ALL INFLAMMATORY DISEASES OF THE THROAT.

OPINION OF THE PROFESSION.

Dr. Geo. B. Hope, Surgeon Metropolitan Throat Hospital, Professor Diseases of Throat, University of Vermont, writes in an article headed, "Some Clinical Features of Diphtheria, and the treatment by Peroxide of Hydrogen" (*N. Y. Medical Record*, October 13, 1888). Extract:

". . . On account of their poisonous or irritant nature the active germicides have a utility limited particularly to surface or open-wound applications, and their free use in reaching diphtheritic formations in the mouth or throat, particularly in children, is, unfortunately, not within the range of systematic treatment. In Peroxide of Hydrogen, however, it is confidently believed will be found, if not a specific, at least the most efficient topical agent in destroying the contagious element and limiting the spread of its formation, and at the same time a remedy which may be employed in the most thorough manner without dread of producing any vicious constitutional effect. . . .

"In all the cases treated (at the Metropolitan Throat Hospital), a fresh, standard Marchand preparation of fifteen volumes was that on which the experience of the writer has been based. . . ."

Dr. E. R. Squibb, of Brooklyn, writes as follows in an article headed "On the Medical Uses of Hydrogen Peroxide" (*Gaillard's Medical Journal*, March, 1889, p. 267), read before the Kings County Medical Association, February 5, 1889:

"Throughout the discussion upon diphtheria very little has been said of the use of the Peroxide of Hydrogen, or hydrogen dioxide; yet it is perhaps the most powerful of all disinfectants and antiseptics, acting both chemically and mechanically upon all excretions and secretions, so as to thoroughly change their character and reactions instantly. The few physicians who have used it in such diseases as diphtheria, scarlatina, smallpox, and upon all diseased surfaces, whether of skin or mucous membrane, have uniformly spoken well of it so far as this writer knows, and perhaps the reason why it is not more used is that it is so little known and its nature and action so little understood. . . .

"Now, if diphtheria be at first a local disease, and be auto-infectious; that is, if it be propagated to the general organism by a contagious virus located about the tonsils, and if this virus be, as it really is, an albuminoid substance, it may and will be destroyed by this agent upon a sufficient and a sufficiently repeated contact. . . .

"A child's nostrils, pharynx and mouth may be flooded every two or three hours, or oftener, from a proper spray apparatus with a two volume solution without force, and with very little discomfort; and any solution which finds its way into the larynx or stomach is beneficial rather than harmful, and thus the effect of corrosive sublimate is obtained without its risks or dangers. . . ."

Further on Dr. Squibb mentions that Charles Marchand is one of the oldest and best makers of Peroxide of Hydrogen, and one who supplies it to all parts of the country.

CAUTION.—I would earnestly impress upon the profession the very great importance of prescribing only my Peroxide of Hydrogen (medicinal), from which all hurtful chemicals have been eliminated. By specifying in your prescriptions "**Ch. Marchand's Peroxide of Hydrogen (Medicinal),**" which is sold only in ¼-lb., ½-lb., and 1-lb. bottles, bearing my label and signature. you will never be imposed upon. Never sold in bulk. PREPARED ONLY BY

A book containing full explanations concerning the therapeutical applications of both CH. MARCHAND'S PEROXIDE OF HYDROGEN (Medicinal) and GLYCOZONE, with opinions of the profession, will be mailed to physicians free of charge on application.

☞ Mention this publication.

Charles Marchand

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It is readily assimilated, and promotes digestion.

DR. B. H. BOYD, Lafayette, Ind., says: "I have used it in several cases of nervous exhaustion, with uniformly good results."

Send for descriptive circular. Physicians who wish to test it will be furnished a bottle on application, without expense, except express charges.

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It is **Free** from **Starch**, all of which has been converted into soluble dextrine and grape sugar, by the action of the barley malt.

We furnish samples to physicians not acquainted with the preparation. Why not send for one?

Requires No Cooking, No Addition of Milk, and is Prepared for Use in One Minute by adding Water only.

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EXCERPTS.

The Day is Breaking—We publish below in full Dr. Thomas J. Mays' excellent paper, on "THE SPECIFIC AND NON-SPECIFIC TREATMENT OF PULMONARY CONSUMPTION," appearing in *The Boston Medical and Surgical Journal:*

It goes without saying that the succesful treatment of pulmonary consumption depends entirely on a correct and rational view of its origin. On this ground there can be no division of opinion. Unfortunately, however, one part of the profession holds that the tubercle bacillus is the sole cause of the disease; while the other part believes that the disease depends on numerous other causes, and that the bacillus is merely one of the products or concomitants.

Now, it must be confessed that diametrically opposite opinions on a question of such tremendous practical and public importance is no great credit to a profession which is justly proud of her logical conquests, and which rightfully rejoices in her scientific achievements and in her work of philanthropy. Especially is this a misfortune when we consider that the whole difficulty rests on an erroneous interpretation of the fundamental terms which are involved in the question; and in endeavoring to prove this, I desire to be perfectly understood at the outset, that I yield to no one in my admiration of, and I might even say in my veneration for those pains-taking explorers who so patiently and assiduously devote their life and energies to the investigation of this fearful malady. But I do not regard this as a question of personal reverence. It is one which must determine the true relations of the consumptive to his family, to his friends and to society; whether or not he is to be looked upon as a centre of infection, a source of danger, and liable to spread the disease among those who are well.

Where, then, lies the fundamental misapprehension? It is (1) in affirming that, because a disease is capable of being communicated from one animal to another through inoculation, that, therefore, it must be contagious or infectious among the human species; (2) in holding that the disease (tuberculosis) which is produced artificially in animals through inoculation is the same as that (consumption) which is naturally produced in man; and (3) in assuming that, because an immunity can be created in animals by inoculations with a modified form of tubercle virus, the same can be done in man. Furthermore there is no warrant for believing that a disease can be cured by antagonistic inoculation unless it is clearly infectious or propagated from man to man through contagion.

The whole inception and progress of the infectious theory of consumption rests on experimentation, and recent history still reverberates with the assurances that the key to the cure of this disease was lying waiting in the lap of the experimentalists, whose dicta were to be blindly accepted whether they accorded with clinical experience or not. I am a firm and positive believer in the immense good which comes from well conducted laboratory research, and I think I have given sufficient practical evidence of my high appreciation of such work; but I recognize the fact that the great bane of modern medicine is the tendency to subscribe to the premature conclusions of experimentalists which are wholly unsupported by bedside experience.

Professor Semola, of Naples, Italy, well strikes the key-note of this error when he says: "It is painful to see the men carried away with this enthusiasm of Koch's

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fluid when they know that such a wide gulf exists between theory and practice, and when the very laws of scientific pharmacology and rational therapeutics are violated. The mistake exists in neglecting to see the gulf that lies between the the laboratory and the clinic where all such fine dreams are blasted."

I am free to say that the mortification of professional pride, and the shock to public confidence recently perpetrated in the name of a specific cure for consumption, would all have been saved if we had raised our standard of treatment higher than the walls of the laboratory, and planted it on the solid and rational ground of practical experience.

I am not unmindful, however, that those who endorse the contagion theory claim that, aside of experiments on animals, there is ample clinical evidence to justify their belief. Let us briefly examine these claims. Their chief argument is the work of Cornet, who investigated the death rate from consumption among the nursing members of the Catholic convents and monasteries in Prussia, and found that this disease caused 62.88 per cent of all their deaths. This is, indeed, a high death-rate but it does not demonstrate the contagious nature of consumption. It merely shows, what was well known before, that this disease prevails largely among those who lead in-door and confined lives. According to Dr. Baer's research the death-rate from consumption among German prisoners is greater, ranging from 64 to 90.9 per cent. Another point which destroys Cornet's conclusions entirely is forcibly brought out by Dr. Baer's statistics. These show that prisoners who suffer solitary confinement, and who have, of course, no personal contact with any outside sources of disease, are more vulnerable to consumption by 20 per cent than those who are allowed to associate with each other.

Another argument is that houses in which consumptives died are centres of infection, This is principally based on the research of Dr. Flick, who believes from his investigations that 20 per cent of the houses in the fifth ward of the city of Philadelphia are so infected. It is interesting to observe, however, that Dr. Flick's conclusions are not coroborated by other observers equally competent who have studied the question of house infection. Dr. Langerhans, who practiced medicine for nine years in Madeira, an island which is visted every winter season by about 400 consumptives, states that these invalids are lodged, boarded, and in great part nursed by English colonists, varying from 210 to 250 in number, who live in about 100 houses. The rooms which are occupied by consumptives in the winter, are reoccupied by the resident families during the summer—thus insuring the closest intermingling of the well with the sick. House infection should certainly make its influence felt here, but the health records, which have been accurately kept since 1836, show that only four of the English colonists died from consumption during all this time, and that one of these suffered from the disease before he came to the island.

Dr. Adams, of Colorado Springs, states in a private communication to me, that Colorado Springs has been a health resort for about seventeen years, and comprises about 11,000 inhabitants, and that the majority of the rooms in the boarding houses are, and generally have been, constantly occupied by consumptives. Yet, after a dilligent search among the physicians, some of whom have resided here from the first, he could only find a record of seven cases of consumption which origin-

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ated there during this time; and so far as he could ascertain, none of these were especially exposed—at least none were husband, wife or sister who had charge of another consumptive.

Dr. Haupt, one of the resident physicians of Soden, a beautiful watering resot for consumptives, in Germany, says that there are one hundred and one families whose members, with the aid of servants, lodge and nurse consumptives and other invalids during the summer season. During the winter the same rooms are re occupied by the members of the landlords' families. This has been going on for thirty-three years, and during this time there were exposed to this contagion, if so it may be called, 653 persons, fifteen of whom died from consumption, but in most of these the source of the disease was traceable to inheritance, to colds and exposure, but none of them to contagion.

Now when these facts are connected with other well known facts, such as the the statistics of the Brompton hospital for Consumption in London, and the Friedrichshin Hospital in Berlin, which fail to show a single case of contagion among 262 physicians and clinical assistants, and 1,017 nurses—the former during thirty-six years and the latter during sixteen years, the declaration of Dr. Detwiler, that during fourteen years not a single case of consumption was contracted among the nurses and employees in the hospital, for consumptives at Falkenstein; or the fact that among a collection of 1,626 cases of consumption among married people (for particulars I refer to my address on hygiene, published in last year's Transactions of this Society) the same disease existed in both couples only in 44 instances. I think no further proof is needed to demonstrate that consumption is not propagated from person to person through contagion.

I hope I shall be the last one to deny to my colleagues on the other side, the same honesty and conscientiousness of purpose I ascribe to myself; but should this make me willing to brush aside this weighty mass of clinical testimony which is diametrically opposed to the contagion doctrine, and to accept as my guide, principles of treatment which are conceived in theory and born of fancy, and which have nothing to support them in bedside experience? He who has been a diligent observer during the last ten or fifteen years, must be aware by this time that every specific measure which has been proposed for the cure of consumption, from benzoate of soda, and hot air inhalations to tuberculin, has been a dismal failure, in spite of the fact that they have all been shown to possess strong anti-bacillary powers. Glance at the beggarly results that have been obtained from tuberculin. According to recent official reports, fifty-five in number, issuing from the clinics, polyclinics, and pathological institutes of the Prussian University, only about one per cent (10) of 932 consumptives, who received the specific treatment were cured. This is, indeed, a very diminutive proportion of cures when we reflect that all but one of the latter were in the first stage of the disease. There cannot be the least question that so far as the treatment of consumption is concerned, the bacillus theory leaves the profession exactly on the same level which it occupied ten years ago. Not only did it not advance the interests of pulmonary therapeutics, but it deflected research into channels of error, and served as a barrier to an investigation of the true causes of consumption.

Let us now relinquish the gloomy side of this picture and turn to the hopeful experiences of those who practically disregard the teachings of the bacillus theory,

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and treat the disease according to its clinical indications. First of all I shall refer to the experience of the late Dr. Brehmer in his world-renowned institution at Gorbersdorf, in Germany. In 1887 he gives the statistics of 150 cases of consumption which he treated, 12 of whom were in the first, 80 in the second and 58 in the third stage. On these cases, 15.3 per cent were cured, and in 11.3 per cent the disease was arrested. Of those in the different stages he cured 50 per cent in the first, 20 per cent in the second, and 1.7 per cent in the third stage of the disease.

In 1888 he gives the statistics of 554 cases which he treated, of whom 49 were in the first, 310 in the second, and 195 in the third stage. Of those in the first stage he cured 36.1 per cent, in the second, 9.7 per cent, in the third, 0.5 per cent.

The results reported in the Sixth Annual Report of the Adirondack Sanitarium, under the supervision of Dr. Trudeau, are not less encouraging. Fifty-two patients were treated in the following stages: 21 in the first, 18 in the second and 13 in the third. Of those in the first, 13 or 61.90 per cent; in the second, 2 or 11.11 per cent; in the third none were apparently cured—showing a total of 28.84 per cent cures. Besides these it is shown that there are 11 cases, or 21.15 per cent in whom the disease is arrested, that is, in whom all constitutional disturbance has disappeared for several months, but in whom the bacilli, cough and expectoration are still present. It may not be too much to hope that a number, and possibly most of the arrested cases will in time go to swell the list of cures.

Similar favorable testimony concerning the non-specific treatment of consumption is also attested by other institutions of a like character, notably by that of Dr. Detewiler, of Falkenstein. In fact such instutions demonstrate that the successful treatment of pulmonary consumption is not to be disputed, and they show that no chronic medical disease is so amenable to treatment as pulmonary consumption.

A most interesting point in this question is the fact that there is a consensus opinion as to the methods which bring about the best results in the treatment of this disease. The first is *an institution* in which the patients are under the immediate and direct supervision of intelligent physicians and nurses. In regard to these, Brehmer in no uncertain tone, says; "Special institutions for the treatment of consumption give the greatest promise of cure." Dr. Trudeau states: "If anything is to be done for those who are both poor and consumptive, it cannot be done outside of an institution. Many other physicians who have had experience of this sort are equally emphatic in their opinion on this subject.

The second is *rest*, or at least a rigid control of the physical movements of patients. On this subject Brehmer says: "This much I can assert, that all fatigue is an injury and a poison to the consumptive. * * * The healthy individual rests because he is tired, but the consumptive must rest so that he cannot become tired."

One of the important instructions in Dr. Trudeau's Sanitarium is, "When feverish, patients will do well to make as little exertion as possible. Fatigue, when induced in persons still having active disease, is sure to be followed by loss of appetite, fever, exhaustion, and even sweating."

Dr. Detweiler, in his report for 1886, states that every patient who is not confined to bed must repose in the open air on a reclining chair through the greater part of the day.

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Dr. Volland, of Davos, who has has extensive experience in the high altitude treatment of consumptien, declares that rest in the open air is the first duty of the consumptive patient, and that, if he is able, he is allowed to sit out-of-doors, and if not, he is confined to bed in a well ventilated chamber.

This feeling to regard *rest* as such an important element in the successful management of consumption, is not confined to these and other public institutions, but is also shared by private practitioners, and it is based on the sound pathological reason that consumption is not a local disease of the lungs, but one which implicates the whole constitution. A consumptive must be looked upon as one verging on physiological bankruptcy. His whole strength is already absorbed in the performance of the necessary functions of life, frequently carried on imperfectly. His digestion is weak, his bowels may be disordered, sleep is restless and disturbed, there is a waste of tissue owing to the fever, and his muscular power is impaired to such a a degree that a short walk or a small amount of physical exercise saps his strength, and may wholly disable him. Yet strange and paradoxical as it seems, weak as he is, he persists in the belief that exercise is the one thing needful for his restoration. This feeling is not confined to consumptives, but lives in behest of a strong public sentiment. It is builded on the knowledge that in health exercise gives strength. But what an enormous difference between the body in a normal state, and when suffering from a chronic wasting disease like consumption! The two conditions may be illustrated by comparing a business man who is threatened with insolvency with one whose credit is good. If the former pays out as much as he takes in, his finance will always be in a crippled state, and he will be in constant danger of going to the wall; but if he halts—that is, if he diminishes his expenses and maintains or increases his income—his capital will accumulate, and in time he will be able to compete with other capitalists. But the business man whose credit is unimpaired, goes on and invests all his surplus capital—that is, he exercises his financial strength to the utmost limit of prudence—and thereby enhnaces and improves the integrity of the institution which he represents. So it is with the taking of exercise. If this is to be beneficial, a certain amount of strength must be possessed by the individual before he begins it, and by putting this strength to proper use it will grow and accumulate; but he who has no, or very little, strength at the outset, must reduce his expenditures or his waste, and enlarge his income, or else go into physiological bankruptcy. We must realize that with the consumptive, it is wholly a question of constitutional resistance; that when he is weak the disease is strong and advances; that when he is strong the diseases is weak and recedes; and that the force which he expends in performing exercise, deducts so much from his total vitality, and allows so much less for the body to cope against the disease, and to perform the essential functions of life.

Moreover, there is a perfect agreement in these institutions in regard to the great utility of supplying nutritious food in the most concentrated form; of reducing high temperature with antipyrin, phenacetin, and antefebrin; of checking the waste which is occasioned by cough, expectoration, sweats and diarrhœa; of employing pneumatic and climatic treatment; and in fact of everything which goes to enhance the vigor and vitality of the body.

I think I am justified in saying that hard, cold, positive facts are the best crucial tests to which a theory can be submitted in order to ascertain its correctness.

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The specific cure for consumption is utterly condemned, when compared with the general treatment of this disease on such a basis. How would mercury rank as a specific in syphilis, or quinine in ague, if their curative results were as hapless as those of tuberculin? Even if a specific cure for consumption were possible, it is difficult to see its need in view of the large number of cures, as I have shown, annually made by other means. From my own personal experience, I can testify that there is no chronic disease which responds more readily and more promptly to persistent and well directed general treatment than pulmonary consumption; and there is no reason to doubt that with the advance of the scientific study of the disease the percentage of cures will increase. A specific cure for consumption is not of so much consideration now as a study and a development of the lines of treatment which have been shown to hold out such a magnificent measure of enduring success.

One more thought and I am done. Ever since the failure of tuberculin became generally palpable, there arose a feeling in the minds of many of his followers that Dr. Koch had made a serious mistake in the practical application of his theory, and that eventually great therapeutic results are bound to flow from it. Dr. Koch is not in error, but is more consistent than most of his disciples who follow him in the distance. He has a logical belief in his theory, and knows what the practical application of tuberculin implies better than any other living being. There cannot be the least question concerning his ability to cure by inoculation, the disease which he artificially induced in animals; and if consumption in man were caused through contagion or inoculation, or was of the same nature as the disease which he produced in animals, it would be perfectly reasonable to hope that he could cure the consumption in the human family. But the disparity which *is* and that which *seems*, is a vortex which has engulphed and annihilated many an idea. This is not the first time that the contagion theory of consumption has come to grief. A century ago the government of Naples concluded that consumption was an infectious disease, and practised the most rigorous isolation of those who suffered from this disease, for more than fifty years. The results were abominable. Reliable historians inform us that besides causing untold misery, these laws were not of the slightest service in diminishing the death-rate.

Should we not profit by these dearly bought experiences? Is it not high time that we take an account of our bearings and begin to recognize that he who hugs the delusion that consumption will be cured or prevented through the miraculous operation of some anti-bacillary agent or process, will only live to reap "from the hopes which around him he sows, a harvest of barren regrets."—*Boston Medical and Surgical Journal.*

Some Experimental and Clinical Observations upon the Therapeutical Value of Salicyl-Bromanilid. Among the new remedies lately introduced from Germany is one from Radlauer's laboratory, a synthetical compound, to which he has given the name "antinervin," or, with a view of indicating its chemical composition, "salicylbromanilid," The former is its proprietary title It is a combination of bromacetanilid and salicylanilid, and is claimed to possess the virtues of antifibrin, bromine, and salicylic acid, without their unpleasant effects,

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and is, consequently, an antipyretic, an antineuralgic, and an antinervine, It is a white, crystalline powder, having rather pleasant, slightly acid taste, feebly soluble in cold water, alcohol and ether. The dose is from three to ten grains and is best given in the form of compressed tablets or in simple powders. The writer takes the liberty of suggesting that its chemical name be abbreviated, as it seems unnecessarily long; it could be easily called "salbromalid," which would accomplish the object of brevity, and, at the same time, sufficiently indicate the chemical nature of the compound.

A glance at the physiological action of the three agents comprising salicylbromanilid, shows that they are essentially circulatory depressants. Salicylic acid acts directlo on the heart muscle, lessening its electrocontractility, and, when administered in toxic doses, causing the organ to stop in diastole. After a preliminary period of stimulation, it depresses the voso-motor centers, Antifebrin acts very similarly, though its effect upon the heart and vessels is more powerful, producing a rapid fall in the blood-pressure and a weak, irregular heart. Bromine, in addition to its impression upon the heart and vaso-motor nervous system, lowers the vital activity of the centers in the *medulla oblongata*, and interferes with the function of conscious cerebration in a way not yet clearly understood,

It can thus be seen that a compound made up of these three substances, when given in full physiological doses, would probably exhibit an action upon the system manifested by a profound interference with motor mechanism of the circulatory apparatus, and that whatever therapeutical value could be attached to it, from a pharmacological standpoint, would depend upon this action.

In a series of experiments conducted in the therapeutical laboratory in the Jefferson Medical College, the writer's observations were confirmatory of the above remarks. He found antinervin a profound depressant of circulation, and a prompt antipyretic. Three grains injected into lymph sac of a medium sized frog produced death in one hour without convulsions, the animal becoming languid and indifferent to mild stimulation after the lapse of ten minutes, and passing rapidly into stupor, finally died in a condition of coma with the muscular system completely relaxed. The reflexes gradually deminished during the course of the poisoning and were totally absent eight minutes before the cessation of the circulation.

A similar quantity was injected into a frog so prepared that the movements of the heart could be observed *in situ* and the capillary circulations watched under the microscope, The cardiac cycle was observed to gradually and uniformly become longer. the contractions lessened in vigor, the ventricle contracted more slowly than the auricles, reacting lazily to an electric current, and finally the heart stopped in diastole, spreading out like mush when removed from the body and placed upon a glass plate, The capillaries dilated, slowly irregularly at first, but fifteen minutes before death relaxed entirely, and the blood current deminished in rapidity in proportion to the capillrry paresis and the cardiac depression, the corpuscles tumbling along against each other and showing a tendency to adhere to the vessel wall. Death occured in forty-six minutes.

The behavior of the heart of the above experiment, indicated the poisonous effect of the drug directly upon the organ, but in order to prove this the heart of a

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healthy bactrachian was taken out of the body and placed in a Kronecker-Bowditch apparatus. Here, removed from the influence of the central nervous system, a solution of antinervin was permitted to flow, by means of a profusion canula introduced into the ventricle, slowly through the heart, and the results observed were the same as those noted when the heart was *in situ*. A control experiment eliminated any undue influences upon the heart from the damage it sustained in placing it in the apparatus.

Upon the rabbit the drug acts very much the same as upon the cold-blooded animal, and its influence over the respiratory movements, which is more distinct in warm-blooded animals, shows the part played by the salicylic acid in general result. Respiration became rapid, weak, shallow, and stopped before the heart, the latter becoming slower and more feeble, and finally, a few minutes before the circulation ceased would make no impression upon the drum of a cardiograph,

Guided by these experiments the writer concluded that salbromalid was best applicable to those affections characterized by functional disturbances of the circulatory system brought about by reflex impressions or too active stimulation, and acute inflammatory conditions occurring in robust subjects. In the cases that fell in his hands he found this conclusion correct, and noted favorable results, and in some instances obtained curative effects when other remedies had failed, or acted unsatisfactorily.

The following are a few of the cases in which he employed the remedy, and while they are not conclusive in establishing the therapeutical position of the drug, they may be accepted as indications for its administration.

Case 1. Angina pectoris, Male, aged 36; laborer. Has attacks of angina pectoris about twice a month. During paroxysm face is pale, extremities cold, arterial tension high, and pain so excruciating as to cause at times symptoms resembling acute mania. Ten grains of salbromalid caused relief of symptoms in about twenty minutes, and three grains two hours afterwards prevented a recurrance of the paroxysm. The results were, of course, not permanent, as the patient still has attacks as frequently as ever, but the drug never fails to check a paroxysm. The writer enjoins a caution here in administering this drug in angina pectoris. It should not be given in asthenic cases, and there must always be at hand ammonia and strychnine to combat a failure in the circulation. A thirtieth of a grain of the latter hypodermatically, if the heart shows signs of ceasing work, is the proper dose.

Case II. Typhoid fever, in second week, Male, aged 23; clerk. Temp. 104,4° F; pulse, 100; resp. 24. Five grains of salbromalid reduced the temperature to 102.3° F. within one hour and a half. No bad results followed.

Only one dose was administered to this case, as cold-sponging was sufficient to retain the temperature within safe limits, and it was not deemed advisable to tamper with a weak typhoid circulation,

Case III. Brachial nenralgia of two weeks' duration. Female, aged 22; typewriter. Pain paroxysmal. Three grains of salbromalid, administered every three hours, caused the pain to disappear within twelve hours. This dosage was con

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tinued four days, and afterwards a course of arsenic and diet effected a permanent cure.

This patient was robust, but of a neurotic temperament, and the neuralgic pain was evidentty spasmodic in character. The following case presented the converse condition and it will be noticed that the drug was ineffective.

Case IV. Brachial neuralgia of three years' duration, probably rheumatic. Man, aged 41; engineer. In fair physical health, with a rather stolid, morose disposition. Suffers more or less continuous dull pains in left axillary and brachial regions, with occasional exacerbations. Ten grain doses of salbromalid depressed the circulation but exercised no appreciable control over the pain.

Case V. Acute inflammatory rheumatism. Female, aged 37; cook, Temp. 104° F.; pulse 108; resp. 26. Five grains of salbromalid reduced the temperature 103° F., and diminished the general sense of discomfort and uneasiness. It was repeated in four hours, with the result of further reducing the temperature, but, also, of markedly depressing the circulation, and it was not again administered, as the patient developed pericarditis in a severe form on the fifth day. In this case the remedy would, undoubtedly, have acted better if it had been given in smaller doses.

Radlauer claims antinervin to be antidiabetic, but in one case of diabetes, in which the writer had an opportunity of employing it, no diminution was observed in the amount of water and sugar excreted, but, of course. one trial cannot be accepted as conclusive evidence of its inutility in this affection.

It is seen from what has been stated, that salbromalid is most effective as a pain reliever and antinervin in those funtional disturbances of the circulatory system which occur at the onset of acute diseases, and in some other conditions, manifested by an overacting heart and contraction of the arterioles, which lessens the total area of blood space, and that it is most effective in robust subjects. Its power to reduce the temperature is undoubted, but owing to its action upon the heart it should be given carefully in states of hyperpyrexia, especially the low fevers.—*C. S. Bradfute, M, D. in New Eng. Med. Monthly.*

Treatment of Indolent Ulcer by Local Nutrition.—On September 10th, 1887, was consulted by a Mrs. Watson, age 58 years, birthplace Wales. Description —short, stout, sandy hair, blue eyes. Occupation—for several years laundress. Duration of ulcer two years previous to the time she called me. History—about two years before discovered a sore on the outside of left leg, about central portion, which continued to grow worse, and she was compelled to quit her labor about six months previously. Had been under treatment of several physicians from the start of the case, also taken various proprietory medicines, principally alteratives and ointments locally; result unsuccessful, and the ulcer gradually increased in size and depth and the pains became unbearable. At the time I saw her, the leg from knee down was swollen immensely (calf 21 inches, ankle 18 inches) the foot also much swollen, but very slight swelling of toes; skin red, glazed, shining; ulcer about four inches in width and six or seven in length, indurated, cup-shaped with

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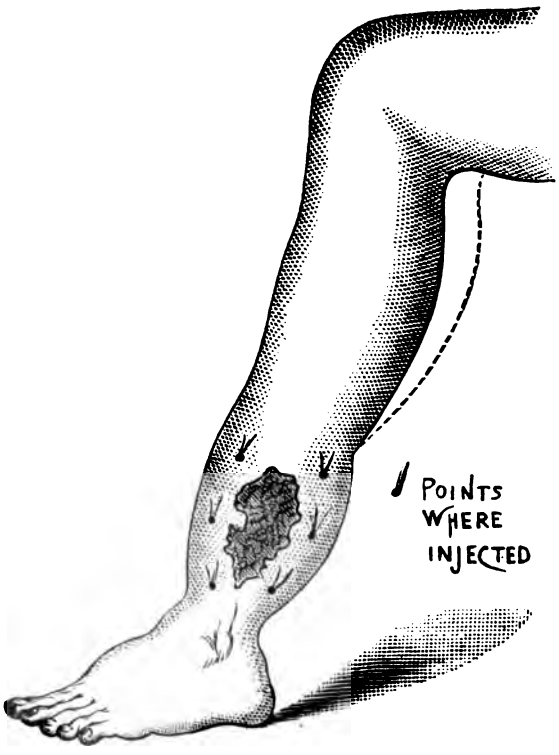
irregular edges extending down into the muscular tissues, red and purple discoloration surrounding. Serous discharge considerable and some pus. I gave vegetable alteratives, iodides, iron, etc., internally; locally, linseed poultices, citrine ointment, periodide of hydrogen solution etc., and enjoined rest, but without effect. In January, 1888, concluded to try stimulation by nutrition locally applied; selected Bovinine; administered in proportion of one part Bovinine to three of boiling water, and when at a temperature of 110° injected it in amounts of one dram of the solution at six different places around the ulcer and about one inch from its edge. Discontinued all internal remedies except salines to keep the bowels regulated. This course I repeated every other day, slightly increasing the amount and gradually nearing the diseased edges as the healing progressed. Directed it to be washed frequently with hot sterilized water, and covered with absorbent cotton 1-1000 bichlor. In about one week signs of healthy granulations appeared. By March, 1888, the swelling had greatly decreased, likewise pain and heat; diseased skin began to exfoliate, and it gradually healed, leaving slight scars similar to those subsequent to a burn, rather whiter in appearance than the surrounding skin. Discontinued treatment then except vaseline dressing. I saw it in the following May, and it was entirely well, and gave no inconvenience whatever to the patient, and has remained so since.



[The points made and emphasized in this case are well taken. It is reasonable to suppose that in cases where there exists such a state of affairs as shown in the cut, and where the enlargement and local disturbance indicate sluggish circulation and starved tissue cells, that benefit should result from stimulating those cells by direct application of usable food. Such a procedure is a radical departure from established rules but is none the less to be carefully studied. There is a wide range of applications for this method.]—*W. H. May, M. D., in the Dixie Doctor.*

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— Materia Medica and Therapeutics, Dr. Mitchell Bruce.

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News and Miscellany

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IMPERIAL GRANUM is a food that has attained a high standard reputation by the merit of actual use for a long period of time.—*Med. Summary.*

A CASE OF TETANUS.—A patient aged forty-four years, died at the German hospital, New York, recently, from tetanus, which is believed to have been caused by the extraction of three upper teeth.

DOCTOR, if you have a patient whom you want to have the benefit of mental and Hydrotherapy, do not send them a thousand miles from home, but to Eagle Springs, Kansas only twenty miles from St. Joseph. Dr.A. Herring has recently opened an office there. Office hours from 3 to 5 pm. Any favors from the profession will be appreciated.

SEVERE HEADACHE WITH TENDENCY TO CONGESTION OF THE BRAIN—In cases of severe headache with tendency to congestion of the brain, consequent upon La Grippe, I used Peacock's Bromides very successfully, and shall continue its use, it being far more satisfactory in my hands than any other preparation in similar cases. W. T. STROTHER, M. D., Port Crescent, Washington.

LACTO-PREPARATA as manufactured by Reed & Carnick, is destined to become the ideal baby food of the day. Evaporated within a few hours after leaving the udder, sufficient milk-sugar added to make it correspond with breast milk, the casein partially predigested, the whole then perfectly sterilized and placed in hermetically sealed cans, renders it as perfect a counterpart to the breast milk of any we know of.

AMONG our latest advertisements, our readers will notice a very unique combination in the announcement of the new St. Louis medical journal, on page 20. A careful diagnosis discloses the outline of a full moon, within which hangs the "first quarter," two instruments, forming a cross beneath the initials "B. L." while towering above Miss Luna appear the mystic skeleton fingers pointing upward—far enough from St. Louis, which is shown below. This wierd and novel picture contains, so Dr. Lewis says, the title of his new journal, and those bright enough to decipher it, will be rewarded with a free copy of the new magazine.

CARLSBAD SPRUDEL SALTS.—Having noticed an advertisement in several medical journals recently of Carlsbad Sprudel Salt, I thought to give my experience with this valuable therapeutic agent, hoping it will benefit some other poor, overworked hill-side, saddle-riding, M. D., afflicted as I was. Last summer, in June, while treating a camp of state convicts, in which prison epidemic dysentery was raging, I contracted the disease, which eventually assumed the chronic form, complicated with enlargement of spleen and hepatic troubles. Being always on the go, every remedy tried failed to relieve me, until I saw the advertisement of Eisner & Mendelson Co., of 6 Barclay St., New York. I sent $1 00 for a trial bottle (they send out no *free* trial *bottles*), which came promptly to hand by express. I began taking one teaspoonful dissolved in *hot* water sufficient, adding after it was dissolved q. s. cold water to make three-fourths of an ordinary goblet full, drinking at one dose from one to two hours before each meal. When it was too active, I would take less. The next day I began to improve, eating as much and whatever I liked. This was about the last of September or the first of October, 1890. I have been improving ever since; weigh more, digest my food better, and rest better at night than I have in the last twenty years. I sent a five-dollar note to Eisner and Mendelson Co., 6 Barclay St., New York and they sent four (4) large bottles of the Salt, per express, in return. Dr. A. W. TOLAND, Tunis, Tex., in *Courier Record.*

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EXTRACT from an article on "The use of Antikamnia, etc., by A. W. Trevitt, M. D., Wassau, Wis. I have found this remedy to be a splendid analgesic in neuralgia, having seen cases of neuralgia of the face and teeth relieved in a very short time. There is no remedy that I prescribe in many cases of neuralgia and headache with a greater feeling of certainty than I do antikamnia. Another reason for liking this remedy is that I have never seen any toxical effects from it, as we get from the continued use of morphine or chloral.—*Eclectic Medical Journal*, Jan., 1891.

VOMITING OF PREGNANCY.—Dr. Maxwell Lawson (Ibid.):—I was called in consultation upon a case of persistent vomiting in a primapara aged seventeen. For over a month, barely any nourishment had been retained either by stomach or enamata. Her mother, it was stated, had died from exhaustion superinduced by long continued vomiting, after having given birth to her only child, our patient. The nervous symptoms were therefore intensfied to an alarming extent. The remedies ordinarily successful had been fully tried before my arrival. Dilitation had not been tried, but was for some reason strongly opposed by the patient. A child in the household was being fed "Malted Milk." It occurred to me to prescribe the same article, and we were gratified to find the first drink retained. This treatment was persisted in, and although the labor was tedious there were no unusual features. The vomiting never became a source of trouble again.—*The Archives of Gynæcology.*

SUMMER DISTURBANCES OF CHILDREN.—In fermentative disorders of the alimentary canal in the young, middleaged or old, Listerine has given most satisfactory results. In the summer diarrhœa of children, Dr. 1. N. Love, of St. Louis, speaks very highly of it, given a combination with glycerine and simple syrup. A formula that I have time and again used—in fact, it has almost become routine with me of late years—is as follows.:

R Bismouth Sub. Nit.....half a drach.
Tr. Opii.....twenty drops.
Syr. Ipeca. .....
Syr. Rhei. Arom..... .....aa two drachms.
Listerine.....half an ounce.
Mist. Creta.....one ounce.

M. Sig—Teaspoonful as often as necessary, but not more frequently than every three or four hours. This for children about ten or twelve months old.—*J. D. Roberts M. D., in Southern Practitioner.*

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A Proposed Board of Medical Examiners.

BY DANIEL MORTON, M. D., ST. JOSEPH, MO.

The recent action of the Missouri State Board of Health, in adopting a resolution advocating the creation of a Board of Medical Examiners has again aroused interest in Sanitary and Medical Licensing Laws. Such a board is intended to protect the lives of citizens from incompetent practitioners. Its influence will therefore be felt, for good or evil, by all practitioners of the state, and all medical colleges of the country. Missouri is well supplied, *numerically* speaking, with medical colleges, and because of this fact any change that may be proposed in existing laws will be subjected to the closest scrutiny and severest criticism.

The State Board of Health is at present acting in a dual capacity. It is a sanitary body looking directly after the health of the community by the enforcement of sanitary laws; and it is a licensing body passing upon the qualification of men entering the practice of medicine. These two duties are not only sufficiently onerous to require two boards for their proper performance, but are so different in their nature that a body of men qualified to execute one must of necessity be only partially equipped for the performance of the other. Other states have found this to be true, and Missouri has at last awakened to a realization of the same fact. Again the licensing function has always been an obstacle in the way of securing appropriations for the Board of Health, legislators being prejudiced against this entire

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branch of the government by advertising doctors who have arrayed on their side the powerful influence of the secular press. In this manner sanitation in Missouri has seriously suffered, not because of a disposition to oppose the science itself, but because it was unfortunately linked with another feature unpopular with a certain class, politically influential.

A Board of Medical Examiners will necessarily raise the standard of medical education. It is conceded by all that the chief faults of our present system are lack of preliminary education, and lack of a graded course of instruction, extending over a sufficient length of time, to enable the student to obtain by recitations from text-books, by lectures, by dissections, by laboratory and clinical work, that information which can be obtained in no other way, and with no shorter outlay of time. What is the proposed board to do? Can it correct these defects? It is to see to it that only those persons practice medicine who are reasonably well qualified to do so. How is it to find out who is qualified? By examining every person who proposes to become a practicing physician, and taking no diploma as evidence that anyone is properly qualified. It is just here that the medical colleges will feel its influence. During the discussion at Excelsior Springs, following the admirable report of the Committee on Medical Education, a professor in a certain medical college proclaimed it preposterous to think of making a Board of Medical Examiners from that portion of the profession which is not connected with medical colleges, since there are not a sufficient number of competent men outside the faculties of the colleges of Missouri to compose such a board. This remark was greeted with hisses, and is only mentioned to show the dire dread in which this measure is held by some. A certificate from the board will be a necessity alike to a graduate of the best medical college or of those institutions which grind out men who do not know how to examine the urine for albumen or sugar. Diplomas will therefore be less valuable and knowledge rather than sheepskins be in demand. Schools will be compelled to give better instruction because students will seek schools that insure a high grade of teaching. Young men not blessed with a good preliminary education will hesitate to enter upon medical study when confronted with a graded course of three or four years, and a final examination before a State Board of Medical Examiners. Inferior colleges will then die from inanition and the class of doctors they graduate become an extinct species of the *genus homo*.

Having been asked to give my views regarding the provisions of the proposed law I have formulated them in the appended bill. It has been prepared after a close study of the medical laws of all the States of the Union and incorporates suggestions received from many of my medical friends in different States. It will doubtless appear too lenient to some and too severe to others. Let all critics remember that there are many opinions to be reconciled, many interests to be respected, many hostilities to be pacified. It is therefore a compromise, one concession being made here in order that an advantage may be gained there. The bill is believed to combine all the good points of all existing laws with some ideas not heretofore incorporated in medical practice acts, and to be of such a nature that it will arouse a minimum amount of opposition and yet contain all really essential features.

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Be it enacted by the General Assembly of the State of Missouri, as follows:

SEC. 1. That the Governor shall appoint a Board of Examiners to be known as the *State Board of Medical Examiners;* said board shall consist of nine physicians. One member shall be an "eclectic" physician, two "homeopathic," and six "regular" physicians. The term of office of said board shall be for three years, or until their successors are appointed and qualified, provided that the members thereof first appointed shall be divided into three classes. The first class shall hold office for one year; the second class for two years; the third class for three years from the date of their appointment; no physician having any connection with any medical college shall be appointed a member of said Board. The said Board shall consist of men learned in medicine and surgery, they shall be members in good standing of the "Missouri Medical Association" or of the "Missouri Institute of Homeopathy" or of the "Eclectic Medical Society of Missouri;" the Governor shall select his appointees from three list of names recommended by the aforesaid medical societies; each one of said lists shall contain twice the number of names to be appointed from the society so recommending it; in case the Governor shall consider any of the persons so recommended unsuitable he may decline to appoint such person, and shall appoint said Board in whole or in part regardless of such recommendations; said recommendations shall be by the ballot votes of a majority present at the annual meetings of said societies; vacancies occurring in said Board shall be filled in the same manner. Should said medical societies fail to recommend appointees as hereinbefore provided the Governor shall appoint said Board at his own discretion. Said Board shall be appointed on the —— day of ————, and each succeeding year thereafter as hereinbefore provided.

SEC. 2. Said Board shall elect a President, Secretary and Treasurer; its members shall qualify and take the usual oath of office; it shall have a common seal; it shall prescribe rules, regulations and by-laws for its own government and for the examination of candidates; it shall keep a record of its proceedings; it shall hold meetings on the first Tuesday in January, April, July and October of each year, at such places as it may from time to time appoint; it shall grant to applicants passing a satisfactory examination a certificate to that effect; it shall charge therefor a fee of ten dollars; the President and Secretary shall have the power to administer oaths; five members shall constitute a quorum; two members of said Board may grant a temporary license to any applicant, charging therefor no fee; such temporary license shall not continue in force longer than the next regular meeting of said Board, such temporary license shall in no case be granted after the applicant has been refused a license by the Board of Medical Examiners. Seven members consenting thereto said Board may refuse or revoke a certificate for the following causes: chronic or persistent inebriety, the practice of criminal abortion, publicly advertising ability to cure diseases known to said Board to be incurable; the accused shall be furnished a copy of the complaints for violating this act; he shall be given a hearing before said Board in person or by attorney. Said Board for a fee of five dollars, may at its discretion, grant a certificate of license, without examination, to applicants examined and licensed by the State Examining Board of another State.

SEC. 3. Any person hereafter commencing the practice of medicine in this State shall first submit to an examination by said Boa.d on such branches of medicine and surgery as said Board may require. A certificate being granted he shall cause his name to be registered in the clerks office of the county in which he shall reside.

SEC. 4. Said clerk shall register the names of every such person, describing said certificate, in a book kept for the purpose; his fee shall be one dollar, to be paid by the holder of the certificate; he shall furnish each year to the Secretary of the Board a list of all certificates registered in his office; upon notice to him of the changes of location or death of a person so licensed, or of the revocation of said

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certificate, said clerk shall enter at the appropriate place in the record so kept by him a memorandum of said fact.

SEC. 5. Any person violating the provisions of this act, upon conviction thereof shall be fined not less than fifty nor more than one hundred dollars for each offense. Any person may be regarded as practicing within the meaning of this act who shall append the letters "M. D." or "M. B." to his name; or who, for a fee, shall prescribe direct or recommend for the use of any person any drug or medicine or other agency for the treatment, cure or relief of any bodily injury, infirmity or disease, provided, however, that this act shall not apply to dentists, commissioned surgeons of the United States army or navy or to physicians in actual consultation from other States, or to physicians heretofore licensed to practice by the Missouri State Board of Health.

SEC. 6. The funds realized from the fees aforesaid shall be applied by said Board towards its expenses, including a reasonable salary to the Secretary; any surplus remaining shall be equally divided among the other members of said Board as compensation for their services.

SEVENTH AND FELIX STREETS.

Personal

JUST as we go to press we receive the announcement that Dr. Bransford Lewis has completed his summer course of studies in Europe, and will sail for America on September 11th, on the steamer "Nebraska," State and Allan line. The Doctor will make a brief visit in New York before returning to St. Louis, attending to business matters connected with the publication of his new medical journal, a subject, by the way, upon which he is very enthusiastic. Dr. Lewis writes that he has a nice collection of photographs, including noted professors, hospitals, and medical schools of the old continent, with which the new St. Louis journal will be embellished. THE MEDICAL HERALD joins the many friends of the Doctor in wishing him "*bon voyage*," and a realization of all his ambition in the journalistic field.

THE CART BEFORE THE HORSE.—In the "Plea for the Scientific Study of Insanity" *Brit. Med. Jour.*, May 30, 1891) Dr. Tuke tried to rally the materalists to another charge against the strongholds of the well-entrenched enemy. "All insanities are symptoms of morbid conditions of the brain," is the text of the discourse. But the author's bitter complaint against the indefiniteness attending all research into the etiology of depraved mental states will hardly be overcome either by the histological or the gross anatomist. It will be a long day or two before the microscope or the dissecting-knife reveals the supposed lesions of mental disorders. It is superb effrontery to claim as scientific only the investigation that starts out with the assumption that function is the product of structure, when the developmental history of every organ and every organism in the world is a crying demonstration that function always precedes structure. It takes tendency and purpose, or, in other words, mentality, a long time to create its instruments that we call organisms, and then the gentlemen who loathe teleology gather about the mechanism and said that the tool made the toolmaker. Before founding the pathology of mental disease upon a crude bid of dogmatic deduction the would-be psychologist should answer two questions: 1. Is the pseudopod of an amœba an organ or not? and, whether the question be answered affirmatively or negatively, (2) does the pseudopod create the desire of locomotion or does the desire create the pseudopod?

FARADIZATION IN INCONTINENCE OF URINE.—Dr. Jamin reports a case of incontinence in a girl aged fifteen, where internal medication had failed of any result, in which a complete cure was obtained by faradization of the urethra—the negative pole in the urethra, and the positive on the thigh.—*Medical Record.*

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Acute Infectious Pharyngitis.

By Hal Foster, A. B,, M. D., Kansas City, Mo.

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[written expressly for The Medical Herald]

To a few the above described disease will, I believe, prove to be a new one. What impressed upon me the novelty, and later on the extreme gravity of the disease was having met with a case in practice last March. While in attendance upon another member of this gentleman's family, he casually drew my attention to his throat, which he said was painful on swallowing.

On examining it, I found the anterior pillars, uvula, tonsils and posterior pillars of the fauces congested. The patient complained of lassitude, vague pains in the extremities, voice not clear, and a considerable amount of tenacious mucus, it requiring great effort to free the throat. The patient, a man of forty-two years, weight about 180 pounds, had always been in good health. Temperature 101 ° F, pulse 90. Prescribed Tab. cocaine, Gr. 1-5 every hour, to relieve dysphagia, also gargle of ammon, mur. gr. v to ℥ of water, and a pill of 4 quin. sulph. gr. ii, ammon mur. gr. ij, sol. ferri chlor. gr. ij. One after each meal. Patient continued to attend to business (merchant tailor) contrary to monitions, and it being the severe weather of last March matters were readily precipitated. In three days time he took to bed, as advised, and since the articular stiffness was still complained of. I prescribed ℞ sod. salicyl, gr. xv every three hours till relieved, but little relief was obtained. At this time cervical tumefaction began to show itself; no glands could be felt enlarged; the swelling was symmetrical in all directions; dysphagia severe; tonsils much enlarged, and on palpation were quite hard, showing no tendency to formation of abscess, nor did they at any time during the disease; voice husky and dyspnœa somewhat complained of. Fifth day—Saw patient early, as he complained severely of dyspnœa and dysphagia; temperature 102 pulse 110; had no rest during the night on account of inability to remain in bed, and consequently sat up in a chair. Tonsils and uvula same as heretofore; a small ulcer had formed on the side of the uvula. Externally the swelling had increased.

Sixth day—Saw patient very early as dyspnœa was very alarming to himself and family, who thought he must soon strangle if not relieved. He sat up during the night, although I had ordered him ¼ gr. morph. sulph. and had it repeated in an hour, but it did not secure rest. Little nourishment was taken on account of dysphagia. Neck very much swollen, but no fluctuation or tenderness. Lungs showed no symptoms of complications; heart sounds normal; temp. 101 F., pulse 112. Patient now taking tr. ferri mur. ℥ix ammon. mur. gr. v. aquae ℥ss every two hours.

Seventh day—Dyspnœa still more marked. Same treatment continued as heretofore. I anticipated intubation should breathing not improve. Was with patient most of the night. Eye lids were quite puffy. Dyspnœa increasing.

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Eighth day—Summoned early to see patient, as his family thought he could not breathe much longer, with the same difficulty. I did intubation with a large tube with an anesthetic, in a few moments my patient was breathing much better. Brandy was now given freely. Hot applications were constantly applied. The the throat was sprayed with aristol and liq. benzonol. The patient had very little difficulty in taking milk and other liquid food. I am quite sure that intubation was the only thing that did him any good, except the antiseptics that were used in his case. I allowed the tube to remain in place five days, after which time he made a rapid recovery.

Prof. Senator, discusses the pathology of this disease, and I will give his own words (Berliner Klin-Wochenschrift). The term infectious pharyngitis, which should be supplemented by the word "primary," is used to indicate a rare and perhaps always fatal, form of pharyngitis, not hitherto described in text books of medicine. Two examples has occurred within the last few months, and a study of similar cases had revealed three more as having occurred within the last year. In all these cases, reported at a meeting of the Berlin Medical Society on April 4, and discussed April 18, the disease affected previously healthy persons, without any apparent cause, and ran an acute course, ending in death in a few days. It began with cervical pains and dysphagia, accompanied by fever, often moderate, then followed by hoarseness or loss of voice and dyspnœa; finally, the sensorium was affected and death quickly ensued. The chief anatomical sign, found post mortem, was diffuse, purulent infiltration of the deeper tissues of the pharyngeal mucous membrane, the inflammation extending to the trachea and glands of the neck, and, secondarily to other parts, especially the gastric mucous membrane. Prof. Senator is of the opinion that many cases hitherto regarded as examples of acute œdema of the larynx were in reality cases of the above disease. Sir Morell MacKenzie also mentions this disease as being of septic origin.

In the discussion which followed, Dr. Guttman argued that the cases were probably erysipelas, in spite of the fact just mentioned, and referred to Eichlorst's Pathology. Virchow leaned to Guttman's opinion, but also described other pharyngeal diseases which might mislead, especially metastatic abscesses in puerperal fever. Senator urged, in his reply, that there was no abscess in any of his cases, but a diffuse purulent infiltration, always beginning in the pharynx. Thanks to intubation for preventing a post mortem in my case. I believe that many of these cases are recorded as acute œdema of the larynx.

Dysentery.—Rossbach employs naphthalin in the following manner in this condition:

℞ Naphthalin ..... grs. x
Boiling water ..... ℥ iv
Decoction of Marshmallow ..... pint j

This is to be used as an injection at the temperature of 100°. In children who suffer from diarrhœa dependent upon the presence of parasites in the lower bowel, the quantity of naphthalin which is employed should not be more than 15 grains in 4 ounces of oil.

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Morbific Agents; Their Source and Nature.

By———————

[WRITTEN EXPRESSLY FOR THE MEDICAL HERALD]

The vast increase in quantity of the virus of variola, scarlatina, etc., indicates that it is the work of life. Such a phenomenon is certainly characteristic of life, and I think we may safely assume that its origin is to be ascribed to vital action; but since we know nothing of vital phenomena only as they are presented by living organisms, this phenomenon of the increase of the virus in the organism invaded must be ascribed to the vital action of the victim of the virus. The virus itself can not be an organism, nor can it be living matter according to Dr. Beale. It must, therefore, be the product of the action of the livings cells or vital units of the individual organism. Whatever the *how* may be, this, certainly, must be the origin or genesis of the large increase in quantity.

Simon would explain the phenomenon of increase of quantity of the virus of small-pox by supposing that there is a substance in the blood for which the virus has a special and strong affinity, and that the augmented quantity of the virus arises from the transformation of this substance into the substance of the virus.* This is an extraordinary assumption since it has no fact or law in nature to support it, or even suggest it. The vital matter of the living cells of the body grows, multiplies and secretes in the process of nutrition; but throws out nothing of itself: only tissue, secretion and excretion. The new cells formed by reproduction remain as constituent elements of the macro-organism, and are not thrown out as is the virus of morbid action. Even if the virus were living organism, and fed on this substance, the product of the nutrition would not be the same as the pabulum. Such a phenomenon is unknown in the life-world. Or if the virus were a diastasic substance and acting on any substance in the body of a fluid character, the product of such action would not be a reproduction of itself. Such is not the action of any diastase or ferment known. The conception of the great pathologist has not, therefore, the substantiality of a fleeting dream.

Liebig would explain this strange phenomenon on the hypothesis that the virus is an organic substance in a state of change, undergoing spontaneous decomposition, which, coming into contact with other organic substances induces in them a like action to that going on in itself. But this suggestion has no foundation in fact, or principle of vital or chemical action. In the first place, organic matter is not susceptible of purely chemical action or spontaneous decomposition. His conception of the nature of this phenomenon was based on the old view of chemists and physiologists that the process of ferments is a purely chemical one, the incorrectness of which is now well established, and generally, if not universally, acknowledged.

That the virus of small-pox, which is taken as a representative of this class of morbid poisons, acts on the living matter of the body is evident from the fact

*Pathology pp. 194-5.

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that some individuals are not as susceptible to its action as others. This is true of all diseases, and is only the expression of the fact that organisms differ as respects their resistance to morbific influences. The body in a normal state or condition has a normal resistance. Whatever weakens this resistance renders the body more susceptible to the acting agent. The resistance is exerted by the life force active in living matter; and in exerting its normal action, certain phenomena arise which are really physiological, though classed as pathological, as increase in the circulation with consequent increase in the vital activity of living matter in its efforts to resist the action of the morbific agent and eliminate it through the appointed emunctories. It being evident, therefore, that morbific agents give rise to morbid phenomena in a living organism by the action they exert on its vital units, morbid phenomena appear in accordance with the strength and nature of a morbific agent as compared with the strength of resistance as exerted by the organism.

The virus of small-pox, an organic substance *sui generis*, and now known only as a product of the human organism in a state of a disease equally *sui generis*, in its action on the body, increases, as already stated, in quantity; and since the virus is not a living organism nor living mattic, can it be considered as a diastasic ferment *sui generis*? No organic substance, having the properties of a ferment, like the diastase of the saliva, and which, in its action, is so far peculiar and distinct from all others as to generate itself out of the material on which it acts, is as yet known to exist. It is possible to conceive, however, that some toxic substances may have such a result of their action, by impressing the living matter of the vital units of a macro-organism in such a way as to cause particles of living matter, so infected, to excite an eliminative action in the living cells, and cause them to separate the poisoned particles, and so isolate them as to prepare the way for the extrusion of the poison from the body. There are some facts in pathology which seem to favor such an hypothesis.

There are some morbid processes which have their root or predisposing cause in a peculiar state or condition of the orginsm, which we conceive of as an abnormal condition of the blood. There are such states of the blood. A plastic and an aplastic condition is recognized by the phenomena produced; a vital state or composition in accordance with which morbid processes arise. An illustration of this we have in erysipelas and continued fever. In the former, the aplastic condition of the blood is shown by the continued extension of the cutaneous inflammation, which extension does not cease until the blood has so changed to a plastic state as to arrest the extension of the eruption. This state of the blood is brought about by the action of morbific agents on the living matter of the vital units, which produce by their action that changed condition of the blood, in which the virus of erysipelas finds a proper substance on which it acts and gives rise to the morbid phenomena of the disease. The virus of the disease and the abnormal state of the blood are thus seen to be of a nature which establishes between them a close connection.

In the case of small-pox, scarlet fever, etc., we may conceive that the virus finds a condition of the vital substances of the organism, very favorable to its action; and if we can regard the virus as a ferment *sui generis*, whose action on, or through, the vital cells, results in an increase of itself in quality, or causes the cells to generate the virus from an altered blood of the organism, we may form some

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conception of the process by which such toxic substances multiply in the body. We may conceive of a virus possessing the property of affecting vital cells as does a diathesis, as in cancer, whose cells are perverted or abnormal states of the natural or structural cell of the part invaded, this perversion being occasioned and directed, so to speak, by the cancerous diathesis or cachexia.

Viewing the virus of small-pox, scarlet fever, etc., as possessing the power to impress the vital cells of the organism in a way similar to that in which a diathesis impresses it, we have but to conceive that the living matter of cells, operating under a controlling influence exerted by the virus, forms from nutritive substances conveyed to them by the blood, as a part of their products, the poison which sets up the diseased action. Whether or not such is really the process, we cannot say; but in the light of differentiation, we can believe that the vital force may have such an action when laboring under the impression of a foreign force.

Management of Breech Presentations.

By ROBT. A. MURRAY, M. D.

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The object of labor is not only the emptying of the uterus, but also the safe delivery of mother and child. There are certain presentations which essentially cause great danger to mother and child and which still may be considered natural. It is my object to present, in this article, some practical points in the management of breech presentations, where art should, I believe, interfere not so much on the mother's account, as to secure for the child immunity from a fatal result if labor were to proceed unaided.

According to the best authorities breech presentations occur about once in thirty labors; more frequently in multiparæ, and in premature deliveries.

The average fœtal mortality according to Dubois is one to eleven, while in vertex cases it is about one to fifty. Rigby states that the nates presented once in 75 cases, the feet once in 105.8; of the nates cases the child was born dead in the proportion of one to 3.8, and in the footling births one to 2.8.

The average fœtal mortality is shown to be about 25 per cent. The causes conducing to this large fœtal mortality are generally stated by the authorities to be that the breech being smaller than the head and not so fully filling up the pelvis, the bag of waters does not act advantageously in dilating the cervix.

Next the funis is apt to descend and be compressed during the descent of the body and head; and also the arms may go up, and interfere with the descent of the head; and time is lost in extricating the head if it extends or gets caught above the pubis.

After considering all these causes and others which might be presented, and my experience in a number of breech cases, I think that there are a few points which have not received the attention they deserve, and which if apprehended would materially reduce the large fœtal mortality.

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Although breech presentations have been shown to be most frequent in multiparæ where previous births justify the presumption that the pelvis is not much, if any, contracted, yet I have observed that in primapara the pelvis has not been roomy, but as a rule contracted, speaking only of mature deliveries; so that the presentation of the child was really the best, and the same as it would be if podalic version had been effected.

While in breech births in multipara generally the child is in the ordinary position at the superior strait, the knees crossed, and the feet near to the buttocks, so that the size of the breech is not only enlarged, but the feet made easily accessible if the necessity of breaking up the wedge occurs; in primipara, on the other hand, it is frequently seen that the limbs are flexed on the abdomen, the feet approximated to the face, and if labor has to be aided the hand has to be introduced farther into the uterus than in any case of version; and this necessity I have observed many times, and in every instance where interference has been called for and aid thus rendered, the child extracted, as in true podalic version, the successful result justified the manœuvre.

The two cardinal points in the management of breech cases, I believe, then, to be the determination of the position of the child by external manipulation, its approximate size and the position of the feet; next a thorough examination of the pelvis, its diameters, and the capability of distension of the soft parts.

I do not believe since Barnes has shown so scientifically that the theory of podalic version depends, for its truth, on the fact that a child's head can come through more easily and safely by the base than by the vertex, and which is generally accepted by the accouchers, that the statement of one of our best authorities should be followed. He states, "Early in labor, with the membranes intact, it is desirable, in consideration of the unfavorable prognosis for the child, to try and perform cephalic version by external manipulation."

When we have a breech presentation we should first determine by external manipulation the position of the child by feeling for the hard head, then the position of the feet, and by auscultation the point of loudest sound, and the frequency of the child's heart beats.

Internal examination will confirm the external, also tell the dilation of the cervix, its dilatability, the size of the bag of waters, the diameters of the pelvis, and the effectiveness of the pains.

The first stage is longer than in vertex cases, and as long as the amniotic sac is unbroken, no harm can accrue to the child, and the bag of waters should be carefully protected from rupturing; and the strength of the patient should be carefully husbanded. As soon as the waters rupture the funis must be prevented from prolapsing, and every endeavor should be made to complete the first stage by full dilatation of the cervix; since the waters are apt to rupture prematurely, and the child and placenta compressed by the uterus, the circulation is interfered with, and the child may be lost before even the second stage has begun.

The heart of the child should be carefully auscultated, and when it becomes rapid and feeble in action, the period of delay is passed; artificial delivery is demanded if a live child is to be born.

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Hot douches, and, as some still recommend, ergot, are generally not only useless but dangerous—the dilatation of the cervix by the fingers, with proper antiseptic precautions, while slight chloroform anæsthesia is maintained, I have always found successful.

If the breech descends after this, and the pains are effective, the fœtal heart should be watched, and extraction should only be performed if the child's death seems imminent.

If the first stage has been completed, and the breech is wedged in the superior strait, or in the upper part of the pelvis, with the fœtal heart failing; and in sacro-iliac presentations generally, where they do not show signs of rotation, in the interest of the child extraction should be performed. If the breech is in the ordinary position with the feet near to the superior strait this can readily be done by pushing the breech up with two fingers, and grasping the pubic foot; when this has been pulled down the labor is under control.

If, however, the limbs are extended on the abdomen, the feet against the face, the whole hand, well oiled, must be introduced, palmar surface to the abdominal side of the child, clear to the fundus of the uterus till the instep of the anterior foot is grasped, when, flexing the leg on the thigh, it can be drawn down out of the uterus, breaking up the wedge and also controlling the labor. Extraction n ay then be proceeded with by making gentle traction, while the uterus is kept contracted by the pressure of an assistant's hand, so that the arms follow down at the sides of the trunk; the child's limbs and breech as they pass through the vulva should be grasped in a warm towel, and traction always made in the line of the superior strait, the posterior buttock being gently lifted out of the vulva, so that no laceration of the perineum be caused. As soon as the funis can be felt, the condition of the child's heart should be determined; if it beats forcibly, the funis should be put in one of the oblique diameters, so that it will not be compressed. If pulsation is feeble, the uterus should be compelled to contract by pressure and traction made gently to cause descent of the body; the arms, if they have gone up, may be liberated by passing two fingers over the abdomen of the child, till they are caught, and then brought down across the abdomen; this latter manœuvre is facilitated very much by rotating the body of the child on its long diameter so as to throw the arm across the abdomen; particularly is this useful if the arm has become fixed at the side or behind the head.

When the head descends it is all-important that it should be flexed. This may be accomplished by the external pressure on the uterus by the assistant, or more directly by pressure on the forehead, while the two fingers of the obstetrician introduced into the mouth of the child aid by slight traction, and also form a gutter to give air to the child, so that time is allowed for the flexion of the occiput.

The flexion of the occiput is best accomplished by grasping the shoulders from behind with two fingers pressed on the occiput, while with the other hand two fingers being inserted in the mouth, the body of the child supported on the arm is raised gradually over the pubis, and on to the abdomen of the mother, the fingers of the anterior hand pressing the occiput upward so that the head flexes around the sub-occipital point, and the shortest antero-posterior diameter of the child's head passes through the vulva. The forceps may also be used to the after coming head,

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but they have to be quickly applied, and may be taken off, and the before mentioned extraction employed, as soon as the head has passed through the superior strait.

Particular care should be taken that there is a gutter made by the fingers to the mouth, as the reflex irritation from the body often causes breathing to be instituted while the head is still in the pelvis.

The fillet has been used, also the finger hooked in the groin, and the blunt hook; but these measures, while useful in the middle straits of the pelvis, are not only difficult, but take time and are in a contracted pelvis ineffectual, only tightening the wedge.

The blunt hook should very seldom be used, as it is dangerous, and should only be employed on a dead child.

Forceps may be applied to the breech where it is in the middle or lower straits where much traction is unnecessary.

Recently, in two cases where the limbs were extended on the abdomen in primiparæ with moderately contracted pelves, I have delivered live children by the above procedure where the fœtus would assuredly have perished if a policy of waiting had been pursued.

I would not be understood as advising the securing a foot in all breech cases, since the majority of cases proceed normally; but I would emphasize the necessity of careful external examination, as to the position of the feet, thorough measurement of the pelvis, watchfulness of the condition of the child's heart, and appreciation of the resources at our command for quickly effecting delivery, if we would avoid the excessive fœtal mortality. And I believe with aseptic hands we can do safely and without prejudice to the mother, the procedures advised.—*Archives of Gynæcology.*

Odd Titles of Medical Books.—The names of persons, books and things in general, present an interesting subject for investigation. Dr. G. J. Fisher, of Sing Sing, N.Y., who has done much to familiarize the profession with the facts of the books and persons of the past, has given (*N. E. Med. Monthly*) the result of a compilation of queer names of medical books, as follows: "Albut on the Lungs (not quite): Astruc on Venereal; Bigg on Spinal Curvature; Blower on Ingrowing Toe-Nail; Budd on the Liver; Bully on Cholera; Butcher on Surgery; Burns on Inflammation; Chew on Medical Education; Comb on the Head; Cock on Woman; Cockburn on Gonorrhœa; Cutter on Anatomy; Cutter on Ovariotomy; Foot on the Bladder, Fox on the Stomach; Gay on Ulcers; Good, Study of Medicine; Good, History of Medicine; A. Guide on Elephantiasis; Grieve on Small-Pox; Handy, Text Book on Anatomy; Hare on the Stomach; Hope on the Heart; Hell on Cholera; Hurt on Rigid Perineum; Hyde on Skin Diseases; Jolly on Danger of Chloral; Kuss on Physiology; Leech on Dysentery; Little on Spinal Curvature, Lomax on Insanity; Noble on the Brain; Oldcook's Receipt Book; Payne on the Stomach; Pepper on Pork; Perfect on Insanity; Prety Aids During Labor; Playfair on Obstetric Operations; Pott on the Urine; Ringer on Sweating; Saissy on the Ear; Savage on Female Generative Organs; Short on Mortality Bills; Stone on the Stomach; Strange, Restoration of Health; Thorowgood on Asthma; Thin on Sunstroke; Tilt on the Uterus; Ware on the Eye; Waters on the Chest; Wise on the History of Medicine; Wiseman on Surgery; Wright on Headaches; Zinc on Iodine."—*American Lancet.*

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CORRESPONDENCE

NEW YORK LETTER

—IV—

THE HOT WEATHER AND THE POOR DOCTOR—GREAT SUFFERING IN TENEMENT HOUSES —THE AMBULANCE SYSTEM AND ITS WORK—SCARLET FEVER— TOBACCO AND PHYSICAL HEALTH, ETC.

[MEDICAL HERALD SPECIAL CORRESPONDENT.]

NEW YORK, August 25, 1891.

Editor Medical Herald:

You have no consideration for one's feelings or you would not write to me, describing the delightful coolness of your Missouri climate, while I am here in this fearfully hot metropolis sweltering and almost suffocating. It is exasperating in a superlative degree, to be compelled to work when the thermometer is registering way up in the hundreds, and then to get a letter from some friend, whose lot is cast in a more pleasant clime, and read how "cool it is here." There is absolutely nothing going on in scientific medical circles—everyone who can, has left the city, and those of us who compose the smaller fry, or the *canaille* of the profession, are compelled to earn our daily bread literally by the sweat, not of our brows alone, but of the whole body. Your readers cannot imagine how horrible is the suffering caused by the hot weather in this city. A trip through the tenement house districts on a hot night makes one sad, even though he is used to sights of suffering. Piled on roofs, tops of sheds, and every conceivable place where it is possible for a human being to cling, are found poor worn-out mortals trying to find that sleep which is denied them by the scorching heat. Down at the docks where the air is a few degrees cooler, human beings are so thickly strewn that the midnight visitor can find no place to walk between them. With such intense heat, associated with poor food, filthy, reeking houses, air laden with sewer gas, comes death to thousands of poor children who are brought forth but to suffer and perish for the want of pure air and food which should be vouchsafed to every human being. The charitable organizations are active, and their agents untiring in their efforts to relieve suffering humanity; but their work is but as a drop in a bucket, so great is the need for help. In this connection I wish to mention the great good accomplished by the ambulance service of the city. On the last day of July a committee of the Grand Jury reported on this service, and paid it a most deserved compliment.

During the year 1890, over 16,000 ambulance calls were answered from twelve stations; and compared with this immense amount of work very few complaints were entered. The report spoke of the great need of a more thorough system of call boxes for this services, and believed that it would greatly enhance the value of the service. Certainly nothing should be left undone, to render perfect this admirable system of relief for the sick and injured. During the past four weeks, a number of scarlet fever cases have been reported to the Health Department, registering from 75 to 100 cases per week, with a death rate of about twenty per cent. Of course we always have the infectious diseases with us, but as I have come in

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contact with several cases of late, my attention has been brought more forcibly to scarlet fever.

I noticed an article in the New York *Times*, recently which is of interest to physicians as well as the general reader, and I will take the liberty to insert it here. The article is in reference to "Tobacco and Physical Health," and is a valuable contribution to the literature of anti-tobacco societies.

"Dr. J. W. Seaver, the college physician and instructor in athletics at Yale, has made a comparative study of the users and non-users of tobacco in the present Senior Class for the past four years, and from his measurements he forms the following table:

Average increase in	Users of Tobacco.	Non-Users of Tobacco.
Lung capacity, liters	.15	.25
(Or an increase 66 per cent greater for non-users.)		
Inflated chest, meters	.0304	.0364
(Or an increase 19 per cent greater for non-users.)		
Height, meters	.0169	.0202
(Or an increase 20 per cent greater for non-users)		
Weight, kilogrammes	.4	.5
(Or an increase 25 per cent greater for non-users.)		

With regard to the possible effect on scholarship these statistics were given: Of those who received Junior appointments above dissertations, 95 per cent have not used tobacco; and those above colloquies, 87½ per cent have not used tobacco; of all who have received appointments, 84 3-10 per cent have used tobacco; of the entire class, 70 per cent have not used tobacco.

Dr. Seaver says that these figures accord with statistics that he has kept for the past eight years, the greatest percentage of gain always being on the side of those who do not use tobacco. The greatest variation in the two years' widest part has not been more than 4 per cent. Some of the students who are classed among the non-users do smoke, but not oftener than once a week or at such long intervals that the tobacco is apt to have little or no effect on them. Dr. Seaver states that the prominent athletes do not smoke or otherwise use tobacco as a rule, Calhoun being the only exception in college. All the candidates for the crew abstain from tobacco.

As the Academy of Medicine is closed until October, I cannot furnish your readers with items from that most interesting medical body. You must therefore be content with a letter, which is so only in name, until the excessively hot weather is over, when I promise to do better. As "Lydia" says,

"Yours for Health," GOTHAM.

MENNEN'S BORATED TALCUM INFANT POWDER (sterilized) is an article possessed of true merit, and although placed upon the market but a short time, has already received many commendations and indorsements from well-known phyiscians, hospitals and nurseries throughout the country. The question of proper hygiene of the skin is one of importance to the physician, who is often puzzled in his diagnosis or baffled in his treatment from the injudicious use of pernicious toilet powders by his patients. Vegetable powders are always harmful and rough to a sensitive skin, and greatly so when they become wet, either from perspiration or water. They will often lump together and, being enclosed in the folds of the skin and by the natural heat of the body, turn sour. This sour fermentation produces inflammation of the skin and other cutaneous diseases. On the suggestion of eminent dermatologists, the combination of purified talcum with boracic acid has been devised —the former a pure silicate of magnesia, an inorganic and entirely insoluble substance of the most harmless character, while pure boracic acid is favorably known for its mild, detergent, healing, antiseptic, and desiccating properties.

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THE MEDICAL HERALD.

A PRACTICAL MONTHLY JOURNAL OF THE MEDICAL SCIENCES.

HIRAM CHRISTOPHER, M. D., Editor.

ASSOCIATE EDITORS: JACOB GEIGER, M. D., SURGERY; J. W. HEDDENS, M. D., PATHOLOGY

BRANSFORD LEWIS, M. D. (late of the St. Louis Medical Review), European Correspondent.

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EDITORIAL

The Three-Years Course.

THE State Board of Health has resolved that, after the session of '91-'92, a three-years course of instruction shall be given by all the Medical Colleges in the State of Missouri, and that the Board will not recognize the diploma of any Medical College, whether of this or any other State, that does not require such a time in Collegiate instruction. The Board also looks to the creation by the legislature of a State Board of Examiners as a further means toward a higher grade of medical education as necessary to the general good of the profession and the welfare of the public.

It will require much knowledge and wisdom on the part of the legislature, and of those who shall aid the committee in charge of the bill looking to these objects, to properly adjust all the conflicting interest that exist or may arise in the prosecution of this work. There should be no personal interests among physicians, nor politics in a legislature allowed any influence in a work so far removed from personal or party ambition or interests. This subject has more than one side and not a few phases which ought to have due consideration before theories or plans or methods are made into law. It is not as evident as the nose on one's face that the contemplated measures can accomplish what is desired, nor is it absolutely certain that the methods already mentioned are the best that can be desired or lie logically in the line of successful accomplishment of objects so greatly and reasonably desired. Not a few journals are expressing general views on the subject of a higher medical education, but this is not enough; we must get down to particulars. No one can deny the fact, even if so disposed, that two sessions for one person may be quite sufficient because of the extent of his collegiate education, while for another just from the manual labor- d of life, with scarcely a good English education, twice the num

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ber would hardly suffice. But laws must be so framed as to embrace all who apply, and here lie a few difficulties.

But we propose no more at present than to intimate that the contemplated work is environed with some difficulties, and that no little knowledge will be required in the framing of measures that will accomplish the objects in view. At a future time we propose to speak more definitely on the subject.

Legislation in Georgia.

DRUNKENNESS in any one is disgraceful and reprehensible, and in some more than others for various reasons. In the physician and druggist it cannot be too severely condemned. One who cannot refrain from intoxicating liquors or narcotics, ought to change his occupation. But so long as many think that a certain physician drunk is as good, or, indeed, better than certain others sober (which may be really the fact), so long will the physician continue prescribing. But an intemperate druggist should be summarily dealt with, because no sober person stands between him and the compounding of a prescription. A family may refuse to have a prescription or a medicine given when prescribed or prepared under the influence of such mentally benumbing agents. How to cure the evil may not be plain; but when the law tries its hand, its action would be received more gracefully and its demands be more cheerfully obeyed, if the law had its origin in a legislature that was above reproach. Deep down in the human heart there is the feeling and persuasion that he who reproves, should himself be above reproof. Such a character sugar-coats the bitter pill, and gives it a surer action. The lower house of the Georgia legislature has passed the following bill:

SECTION 1. *Be it enacted by the General Assembly of Georgia*, That from and after the passage of this Act, no physician or prescription clerk in any drug establishment in the State shall be allowed to practice medicine, or fill a prescription who may become drunk from use of intoxicating liquor or opiates. The second section prescribes the penalty for violating the Act.

A few days ago a telegram from Atlanta, dated Aug. 12, was published in the daily papers of which the following is a copy: "Something of a sensation in the shape of a 'blind tiger' was unearthed in the State Capital this morning when the chief of police arrested Peter McMichael, a porter in the State Senate, for selling liquor without license. The chief of police states that he has evidence conclusively proving that McMichael, who is a negro, had a large trade with the members of the Assembly. The members of the house are very indignant, and the matter has created great excitement. Gov. Northen gave the chief of police authority to make the raid into the ante-room where the whisky was sold. Fourteen bottles of whisky and a lot of beer were found."

The public, of course, must regard the members of that august assembly, before whose names Hon. is written, as privileged persons; that *they* may use intoxicants and enact laws under their influence and no one must say nay. If this body of men were not a legislative assembly, we might regard the passage of these Acts as a huge joke. While engaged in an effort to suppress intoxication among a class of men who are far less addicted to the use of intoxicants than are legislative assem-

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blies, they were "going in and out" quietly, and reviving their flagging energies by indulging clandestinely in what they were so virtuously condemning before the public. It would not be amiss if the Assembly would turn the light and the law on themselves. It would come nearer suppressing a great evil, if the Acts embraced every member of the Assembly and every officer of the State. Class legislation is offensive and wrong. Drunkenness is no greater evil in a doctor than in a legislator; and if laws may be enacted against the former, let them include the latter. If any set of men on earth need this legislation, we need not go further than a legislative Assembly to find them, as the Georgia legislature has so clearly shown. Drunken doctors, indeed! How much worse or more deserving of fine and disfranchisement than drunken legislators? Gentlemen, try your physic first on yourselves. Take the beam out of your own eye first.

We Will Meet You There.

THE hard worked members of the profession who want to get away from home and take their wives and families with them for a few days of rest, should prepare themselves to attend the annual meeting of the Mississippi Valley Medical Association in St. Louis, October 14, 15 and 16. The daylight hours during the sessions of the convention will be given up to the consideration of science, the reading and discussion of papers (remember no ethical or other extraordinary business, such as medical legislation and medical education will be discussed), the report of interesting cases and the best means of curing the doctor's patients, will be the exclusive topics discussed.

The place of meeting will be the Pickwick theater, Washington and Jefferson avenue. The evenings will be given up to enjoyment and every visitor will be made to have a good time. Every doctor in the Mississippi Valley and the country at large, in sympathy with the American Medical Association and the advancement of science, is invited to go to the meeting in St. Louis and take his family.

The Death of Dr. Frank H. Potter.

THE August number of *The Buffalo Medical and Surgical Journal* contains a notice of the death of this brilliant and promising young man, who gave evidence of a successful future. Already had he attained a high rank in his profession, and needed but time to make his mark among men. The loss of a promising child at any age is a severe affliction, which only those who have suffered a like loss can possibly appreciate or know the depth of sorrow and grief that overwhelm the heart of the parent; but when that child is a man with a bright future before him, one who has shown the world what were his capabilities, the loss becomes oppressive and bears down the heart in the deepest suffering. But there is some alleviation of the parents' great grief in the reflection and assurance that they have the sincere sympathy of the profession throughout the land. The editors of the HERALD join in the expression and offer to the bereaved their sincere condolence.

IT IS claimed that a teaspoonful of chloride of ammonium in a goblet of water will almost immediately restore the faculties and powers of locomotion to a man who is helplessly intoxicated.

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Marion-Sims College of Medicine.

AT a recent meeting of the Faculty of the Marion-Sims College of Medicine, the Dean, Dr. Young H. Bond, introduced the following resolutions, which were unanimously adopted:

WHEREAS, The position taken by this College upon the two questions of Medical Legislation and Medical Education has been intentionally confounded, and

WHEREAS, Notwithstanding the fact, at the last meeting of the Missouri State Medical Association, the report on Medical Education offered by Dr. McAlester, and having as its central idea a three years graded course of lectures, was, on motion of your Dean, with the aid of the votes of all the members of this Faculty then present, adopted, it has been sought to have it appear that this College is not favorable to higher Medical Education, *Therefore*, to the end that our position upon the question of Medical Education be clearly understood, be it

Resolved, That after the session of '91-'92 the Marion-Sims College of Medicine will exact as a condition to graduation in Medicine of all its students who may not have previously matriculated, attendance upon a graded course of lectures extending over three years. And be it further

Resolved, That our position upon the question of Medical Education does not in the least abate or compromise our objection to what we regard as the attempted enactment of unjust, inefficient and class Medical Legislation, and that this Faculty favors an Examining Board as the fair and rational solution of the problem of Medical Legislation and Medical Education as well.

Mississippi Valley Medical Association.

ST. LOUIS, MO., August 15, 1891.

To the Readers of The Medical Herald:

The Mississippi Valley Medical Association will hold its Seventeenth Annual Session at the Pickwick Theatre, Jefferson and Washington Avenues, St. Louis, October 14, 15 and 16. A full programme of interesting papers has been prepared, and provision for the fullest, freest and most complete discussion of the same. Representative men from various sections of the country have been invited to open the discussions. The local profession of St. Louis is a unit to the end that every visiting physician shall be received and welcomed in the regular warm hearted, St. Louis style. The same qualifications for membership are requisite in this Association as for the American Medical Association, the former being subordinate to the latter. If eligible, yourself and friends, together with your wives and families, are most cordially invited to visit St. Louis and enter into the scientific work and the social pleasures as you may desire.

I. N. LOVE, M. D., Chairman Com. Arrangements.

REMOVAL OF MOLES.—Moles on the face are now being successfully treated by the use of sodium ethylate. The mole is painted with the sodium ethylate, a fine glass rod being used. When the mole has a varnished look, the ethylate is gently rubbed in with the glass rod to make it penetrate more deeply. The mole turns nearly black, and a hard crust forms over it, which is nearly three weeks in becoming detached. When it comes off, the mole is much lighter than before, and this treatment can be continued until the mark is scarcely noticeable.—*N. Y. Medical Times.*

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Crumbs.

To be Tried Under the Code.—A San Francisco physician, member of the San Francisco County Medical Society, read a paper before that body and the following day extensive extracts of his contribution appeared in the daily public press, presumably with his knowledge, consent and assistance. Charges were promptly brought against him for a violation of the Code of Ethics and his trial was set for an early date.—*Journal of the Am. Med. Association.*

In the early days of that State, quick judicial decisions seemed to the judges to be required. That virtue does not appear to have been lost.

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We have had some soldiers among us, real camp-life soldiers, having the appearance of the genuine brand, drilling and marching under an unclouded sun, when the temperature was 90° in the shade. Young recruits as they were, they can truly say they have been under fire. It is wonderful how much heat a young man can endure when he puts his mind in it, and has the stimulus of military dress and accoutrements, and waving handkerchiefs to help his ambition. They had the natural pride of soldiers, and temperature was no consideration. They had not forgotten their boyhood days, when it was never too hot to fish, hunt or swim; but could not encounter heat or cold when any work was asked of them. Fun can stand any amount of heat or cold; but not of work. The sun is then hot enough for sunstroke, or hands and feet will freeze if exposed at zero. Ah, the boys! "Would I were a boy again," but only while the fun lasts.

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In a recent issue we noted the fact that a lady of an inquisitive turn of mind, on tabulating her observations, discovered the fact that of all classes of young women, trained nurses have the start in the fields of Cupid. And now comes a paper in *The Chautauquan*, a novelette written with the evident purpose of corroborating the conclusion of the fair investigator, in which a young man from Princeton, who, on the death of his father, finds himself well environed with coupons with heavy attachments. A young lady of his acquaintance, of beautiful face and person, sent simply her card "with sympathy." An engagement follows, but a closer acquaintance reveals an empty cranium. Accident leads to separation, and in a few months the young millionaire finds himself an inmate of a hospital with severe injuries. A beautiful, modest and charming young lady nurse takes charge of him. A new fever sets in with a high temperature, and soon he gives up the ghost and is wafted to heaven with the trained nurse in a marriage outfit. Score one for the fair investigator.

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A learned German has been twisting his brain around the question, started, probably, by himself, why the stomach does not digest itself, and proceeds to give very learned (?) reasons for the fact. We expect to hear next that some microphilist is digging on the problem why is it that the stomach is not devoured by microorganisms, or why the intestines are not sieved by them? We presume to say that the reason lies in the fact that, in the long ages of the past when evolution was gradually putting out the great number of living beings that people the earth, a severe contest was urged all along the line, in the stomach, in the intestines, and in the lungs between the evoluting forces and the various enemies they met with in other forces, as chemical action, microbic action, etc. The outcome of the warfare was that these organs had the best of it. The severity of the warfare may be approximately guaged from the fact that some stomachs yet require the adjuvants of sand, pebbles, etc. But man has fared no better, for his stomach still requires sand for not a few purposes. Why the stomach does not digest itself! What a sapient question!

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"Good morning, Mr. Editor, am glad to see you, and I think from your appearance that I find you well." "Yes, sir, I am still jogging along. Glad to see you." "You seem to be gathering in some fragments from your mail." "Yes, a few crumbs drop *on* our table in the form of postal orders, and I can assure you that they are very nutritious." "Well, that reminds me that I am due a few crumbs, and here they are. Sorry I was not thoughtful enough to send them to you when I received your card." "Thanks. Such crumbs are welcome to our table. You know the nursery rhyme:

"Little drops of water,
And little grains of sand," etc.

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We had the pleasure of looking into the bronzed face of our young friend of St. Louis, Frank M. Rumbold, M.D., and business manager of the *St. Louis Medical and Surgical Journal*,—a doctor-captain of an artillery company. His face, under the influence of camp life and hot suns, was not as "fair as the moon," though his eyes were still as bright as stars, and his mustache like a cyclonic nimbus. Still, with all these drawbacks, his noble bearing was captivating, and we were proportionately glad and gratified to grasp his honest hand, and open to him the door of our heart in welcome. Of imposing stature, we heartily wish that it "may never grow less;" and better still, that it may become the stay and support to one he may have the good sense and taste to select "before it be everlastingly too late."

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Hello, doctor, what's up? You seem to be in an especially fine humor—"at peace with all the world, and the rest of mankind." Anything especially good, fortunate, or happyfying happened? Some rich relative deceased, and remembered you?

"That is according to the estimate you may put on a pleasing event; but a poor, miserable bachelor as you are can not appreciate a thing of this kind. I will be to-morrow — well, it does not matter what age; still one must have got on a few years to have a fresh little cherub of the second generation lying in a cradle not a thousand miles away. Such a thing is beyond your appreciation. I know you are not without a soul—two of them for that matter; but on yours you walk; you do not soar. I fear you will never experience the joys of the seventh heaven."

"My best of friends, let me tell you a secret: I am off in two months."

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A Shadow Boat.—

Under my keel another boat
Sails as I sail, floats as I float;
Silent and dim and mystic still,
It steals through that nether world.
Mocking my power, though at my will
The foam before its prow is curled,
Or calm it lies with canvas furled.

Vainly I peer and fain would see
What phantom in that boat may be;
Yet half I dread, lest I will ruth
Some ghost of my dead past divine,
Some gracious shape of my lost youth,
Whose deathless eyes once fixed on mine
Would draw me downward through the brine.

—Arlo Bates in *Chautauquan.*

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Our Book Table

THE POCKET ANATOMISTS. Founded upon Gray—by C. Henri Leonard, A. M., M.D., Professor of the Medical and Surgical Diseases of Women and Clinical Gynecology, in the Detroit College of Medicine. Fourteenth revised edition, containing Dissection, Hints and Visceral Anatomy. Detroit, Mich,, 1891: The Illustrated Medical Journal Co., Publishers. Cloth; 297 pages, 173 illustrations; price, postpaid, $1.00.

This book is issued on thin,though nicely glazed paper, and takes up but little room, though 300 pages in thickness. The plates introduced are photo-engraved from the English edition of Gray. The chapter given to "dissection hints" gives the lines of incision necessary to best expose the underlaying organs, arteries, nerves, or muscles. The chapter on Gynecological Anatomy can be found only in the more expensive work of Savage. The pronunciation of each anatomical term is given, be it artery, vein, nerve, muscle, or bone. Over 100 pages are devoted to the anatomy of the special organs and viscera. The book has been honored by a reprinting in England after some three thousand copies had been sold over there by the Americam publishers. It is well adapted to medical students while in attendance on lectures.

FORCE AND MATTER: by Prof. Ludwig Buchner, formerly of the Tubingen University, Germany. Published by Peter Eckler, New York. Cloth, $1.00; translated from the Fifteenth German Edition.

The *title* of this book attracts those interested in physical science; but its *contents* are only a reproduction of what had been before said by atheistic and agnostic writers. The book is a mass of assumptions of a scientific pretension, simple verbal declarations of what the author and his cited authorities *think*, and of no more scientific value than the dreams of a disordered imagination. We had as well reason with one of a disordered mind as to talk with men who close their eyes to truth. We can not, however, reasonably expect anything better or different from a Tubingen professor. It is the work of human moles and bats who live and move only in the dark. Their eyes can not bear the full glare of the light of truth. They can believe that matter is eternal, self-existent, and that intelligence is nothing but a phenomenon of physical force; but they can not tolerate the idea that there is an intelligent being eternal, self-existent, omniscient and omnipotent, who is competent to the production of the great scheme of nature. Balaam's beast was a philosopher to such men, and the ravings of Bedlam are as consistent and rational as the things we find in this book. The number of editions already issued shows how busy such bees are, and how industrially and perseveringly they circulate the poison of their deadly upas. Well, a day of settlement is coming, when they will discover their fatal mistake. "As the tree falls, so it lies."

LECTURES ON TUMORS: by John B. Hamilton, M. D., L. L. D.

This little work of Prof. Hamilton is made up of his lectures to his class, and constitutes a number of the Physicians' Leisure Library, published by Geo. S. Davis, Detroit, Mich. The publisher issues a work monthly, at the annual price of $2.50, and 25 cents for a single copy. He thus places valuable books within the reach of

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all, and students of medicine will find them exceedingly helpful at all periods of their attendance on college. Their benefit, however, will not terminate then, but serve them a good purpose in their professional life. Prof. Hamilton's lectures in this form will be found of great advantage to the general practitioner, because what he says is well classified and described.

A Clinical Text-Book of Medical Diagnosis for Physicians and Students of Medicine, based on the most recent methods of investigation. By Oswald Vierordt, M. D., Professor of Medicine at the University of Heidelberg, etc.; translated from the second improved and enlarged edition, with additions by Francis H. Stuart, A. M., M. D. W. B. Saunders, Publishers, Philadelphia. Cloth, $4.00; sheep, $5.00; 700 pages.

A work of this kind should be studied to be properly appreciated. A close examination of some of the subjects treated ought to give us a correct view of the whole; and from such an examination we are satisfied that the work has come to take its place permanently as a standard guide in matters of which it treats. We cordially commend the work as one worthy of a careful and searching study, and one that will richly repay the purchaser and reader.

Messrs. J. B. Lippincott Company announce that they will publish about September the 1st, the eight edition of Wood's Therapeutics: its Principles and Practice; rearranged, rewritten, and enlarged. Scarcely three years have elapsed since the appearance of the seventh edition, yet the preparation of the present volume has necessitated a careful study by its author of more than seven hundred memoirs, In the present addition no revolutionary changes have been made comparable to those of the seventh revision, but great care has been exercised to see that every portion of the work has been thoroughly revised, and a number of the articles have been completly rewritten, while some new drugs have been noticed. Among those portions of the book which are practically new may be mentioned, as important, the whole subject of Anæsthetics, the articles upon Cocaine, Strophanthus, Caffeine, Antipyrin, Antifebrin, Phenacetin, Hydrastine, Paraldehyd, Lead-Poisning, etc. Among the absolutely new articles may be mentioned Sulphonal, Chloralamid, Aristol, and others.

The September number of the *Arena* will contain a very timely paper in view of the great agitation now in progress at Chautauqua on the subject of women's dress. This paper, which is entitled "Fashion's Slaves," is prepared by the editor and is profusely illustrated, containing exact reproductions of prevailing fashions in the sixties, seventies and eighties, together with finely executed photogravures of Greek costumes and popular stage fashions as worn by Modjeska, Mary Anderson, Margaret Mather and Miss Marlowe. This paper will attract general interest.

Dr. H. M. Whelpley, editor of the *Meyer Brothers' Druggist*, Professor of Microscopy in the St. Louis College of Pharmacy, Secretary of the Section on Materia Medica and Pharmacy of the American Medical Association, is now Professor of Physiology and Histology and Director of the Histological Laboratory and Secretary of the Faculty of the Missouri Medical College.

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EXCERPTS.

The Prevention and Early Treatment of Prostatic Obstruction.—In the course of lectures that is before us this month I hope to elaborate certain points connected with the diseases of the urinary organs, which appear to me to be worthy of your consideration. It will be my endeavor to make these meetings gatherings for clinical objects rather than for the purpose of attempting any systematic description of the subjects to which they relate. With this view I shall be happy, as occasion offers, to supplement what I may have to say here by the ordinary work of the hospital as seen in the wards, and on my out-patient days.

Without occupying your time by any further preparatory remarks, I will proceed with the subject selected for to-day's consideration, viz, the prevention and early treatment of prostatic obstruction. And I must ask you to notice in the first place that I do not say the prevention and treatment of enlarged or hypertrophied prostate, as I purposely confine my self to dealing with almost the only symptom, and that the most pressing one, which brings the enlarged prostate under the notice of the medical practitioner. Enlargement of the prostate to some degree is, I might say, the common lot of by far the greater majority of males who have attained sixty years of age or upward, being, I believe, far more frequent than what at first sight, we might perhaps be disposed to admit. Not very long ago, for the purpose of ascertaining this point, I took the trouble to examine consecutively one hundred males who had reached their sixtieth year or upward, and out of these three-fourths presented undoubted signs by rectal examination of this change. Of the number thus affected, not one-fifth of them appeared in any way inconvenienced thereby, some to so slight an extent as not to complain. Nor are there grounds for asserting that, because a person has an enlarged prostrate, a time will come, should he live long enough, when bladder trouble must necessarily supervene. I have watched many men with well-marked signs of an enlarged prostate for a number of years, and up to the time of their deaths, either by natural decay or by other diseases, without knowing them to be conscious of any inability so far as their urinary organs were concerned. But though persons may, either by good care or good fortune, obtain an immunity from those troubles which prostatic enlargement not infrequently brings with it, there can be no doubt that they carry with them to the end of their lives the liability to suffer in a way which does not apply to those who have not undergone this structural change, a liability which may show itself without any sufficient notice or warning. It not infrequently happens, as we all know, that a sudden attack of retention of urine, probably traceable to some definite cause which might have been avoided, is the first indication that an elderly man has an enlarged prostate. As a matter of practice, it is as an obstacle to micturition that the prostate comes under our notice as surgeons, and this for the most part shows itself, at all events to persons accustomed to observe, by gradual indications rather than by sudden and unwarned cessation of the physical function of micturition. In far the larger number of cases, even in those where apparently the urinary breakdown is sudden and expected, and where the prostate eventually proves to be a serious cause of obstruction, the process is a gradual one, and is not unlike what is

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commonly observed in connection with other obstructive diseases of the urinary apparatus. Hence I consider that, with our present knowledge, and in face of the facts to which I have briefly referred, we, as practitioners, will do best by approaching the subject in relation to obstruction rather than in reference to a mere increment in bulk of which the individuals may never be conscious.

These cases, however, of much enlarged prostates unattended by symptoms of such a kind as to constitute disease, have been of great interest to me, and the study of them led me some years ago to suggest certain lines of action in practice, which seem to me to have yielded some excellent results.

In a number of specimens of this kind it was impossible not to notice that the form assumed by the prostatic growth relative to the outlet from the bladder exercised a considerable influence in determining the presence or absence of symptons of urinary obstruction. In some forms of enlarged prostate, though the growth was not excessive, the obstacle to micturition was not complete, while in others, though the mass attained a very considerable size, it was quite apparent how it happened that the expulsion of urine from the bladder was so little interfered with. By the kindness of my friend Prof. A. Barron, I am able to bring under your notice to-day an example about which I attach considerable importance in reference to this special point I am now addressing you upon, and I attach this importance to it chiefly on two grounds (1) because it illustrates how it is that the process of micturition need not be necessarily interfered with by the growth of the prostate, and (2) because it shows a natural adaptation of the parts which I shall endeavor to demonstrate to you, is capable of being initiated.

The specimen you will see is of considerable enlargement of the prostate; it is taken from a middle aged man about whose exact age there seems to be some doubt, but who probably was rather under than over that period of life when this change usually commences. He was under observation for eleven days before he died; he had never suffered from any difficulty in urinating, though the act of micturition was more frequently performed than is usual with persons at his time of life. If we look at the specimen, we can at once see how it was that, in spite of the general enlargement, there was no marked impediment to the escape of urine along the urethra. You will notice that what is known by the somewhat incorrect term, as the middle lobe, is deeply ground in the centre so as to give a bi-lobed appearance to the part. Having frequently noticed this process of channelling or grooving in connection with those cases of enlarged prostates where micturition was not interferred with, in 1881 I drew attention to this point with the view of showing that it was capable of being artificially produced with permanent advantage to the patient.

About that time a case came under my notice which seemed to confirm the views I was then putting into practice. It was that of an elderly gentleman well known to me, who, in the belief that he had an enlarging prostate, of his own will and idea took means which seemed to him would be likely to prevent the occurrence of retention of urine. Long before I knew him he had been told that his slight urinary troubles were the early indications of an obstructing prostate, and that he might find himself on some occasion unable to micturate. This so alarmed him that for many years, and almost up to the time of his death at an advanced age,

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and from other causes, he never allowed a day to go without passing a full sized bougie for himself. He remained quite free from any urinary inconvenience. a circumstance which was attributed by him to the means he had adopted. I made a post-mortem examination of him, and found that though the middle lobe of his prostrate was considerably enlarged, the level and distensibility of the prostatic urethra were in no way altered, the growth or enlargement being deeply grooved.

It appeared, to use the phrase of my patient, that the "maintenance of the water way" was directly traceable to the persistent catherterism that had been most gently and effectually performed. In the further extension of this practice my object has been to mould the growing prostate, and not to endeavor to dilate it, or procure its absorption as had previously been done by Mercier, Physick, Skey and other surgeons.

When there is evidence that the prostate, by its increased bulk, is beginning to obstruct micturition, when we endeavor to supplement an imperfect action of of the bladder by repeated trials and failures, or when the residual urine which in some degree is nearly always a concomitant with an enlarged prostate is seriously harmful to to the individual either by its quantity or quality, then mechanical treatment in the direction I have indicated may often be resorted to with great and permanent advantage. But there are other grounds except those immediately connected with the function of the bladder, which seem to force upon us the importance of mechanical treatment of prostatic obstruction at a far earlier date in its history than has hitherto been generally practiced. Take the evidence that is offered by the state of the urinary organs above, namely, the bladder, the ureters and the kidneys, as showing what the back pressure of the urine in some cases of prostatic obstruction is capable of effecting. In the post-mortem record of the specimen I have just shown you, where during life there was no reason for suspecting that any appreciable degree of obstruction existed, it is stated "the kidneys were fibroid and atrophied, the two weighing ten ounces, many small sub-capsular cysts, early hydronephrosis, no pyelitis. Ureters dilated, bladder dilated and fasciculated." Supposing a surgeon accustomed to see the pathological effects connected with urethral structure had a specimen of this kind before him in an instance of the latter disorder, I can imagine him saying to his class "here we have an illustration of the enormous and fatal damage that urine pressure is capable of exercising on the important parts above a stricture; these results are in their nature entirely due to mechanical causes, and might have been prevented had means been taken sufficiently early."

Apart, however, from this consideration, it is important to notice what an unfortunate condition of the organs is presented should, in the course of the prostatic disorder, retention of urine attended with cystitis, as is aften the case, supervene. We have the whole of the urinary apparatus from the kidneys downward laid open, as it were, to the influence of inflammatory attack of the most putrid character. Can we wonder that what is commonly called a surgical kidney is one of the most natural results?

But though the more remote consequences of prostatic obstruction are for the most part analogous with those obstructions in connection with urethral stricture, little seems to have been done to prevent their occurrence. This appears to have

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been due, in a large measure, to our failing to recognize the possibility of maintaining in spite of overgrowth a prostatic channel for the escape of urine from the bladder quite as efficient, as I have endeavored to show, nature herself frequently provides, and which is not liable to that kind of contraction which nearly all strictures constantly undergo. In the next place, our forefathers were ill-provided with instruments adapted for such purposes, the old metal long-curved catheter being almost always associated with any prostatic disorder. I do not think we fully appreciate the great improvements that have taken place within comparatively recent years in the structure of these appliances, and the comfort that has been conferred on those requiring such assistance.

Frequency of micturition may oftener be regarded as a sign that the prostate is commencing to obstruct, than any other symptom. As with a urethral stricture, a person by the exercise of muscular force will often maintain a very fair stream of urine, though the dimensions of the canal are considerably reduced, so will an individual with a large prostate compensate to a certain point for efficiency by a frequent performance of the act of micturition. Hence it behooves us in all cases where there is an absence of other causes of irritation, such as presented by stone, tumor, inflammation, or the condition of the urine, to regard frequent micturition in an elderly male as an indication that he is probably suffering from an early form of prostatic obstruction. The presence of this symptom in an inconvenient degree, and in the absence of any other cause, such as I have indicated, is sufficient to warrant a physical examination of the suspected part. The discovery of some enlargement of the prostate by exploration of the fingers in the rectum is *prima facie* evidence that the frequency in micturition is merely an indication that the growth is commencing to interfere with the proper performance of micturition. Such being the case it is hardly necessary to point out that the artificial rest to the part which is frequently obtained by the use of opium and belladonna suppositories, except so far as removing spasms is concerned, is really an interference with an adaptation in the manner of conducting the process of micturition which is essentially associated with the altered physical condition of the parts. If in a system of water works you materially alter the shape and stricture of the main valve at the outlet, you can hardly expect that the discharge will be the same as under the previous regime.

And now I will proceed to show you by what means we may contrive to improve matters when there is evidence by the symptoms it provokes that the enlarging prostate is assuming a shape where urination is, and and will probably continue to be, increasingly obstructed. Having drawn my first illustration from what nature will spontaneously do in reference to this difficulty, I will take a second from the same source, before I proceed to notice the mechanical contrivances which may, under such circumstances, be used with advantage. Persons with large prostates and who are not inconvenienced by them are quite unconscious of the spontaneous process by which the conservation of their urinating powers is preserved. It is not by a rapid destruction or alteration in tissue consequent on some violent inflammation where, as we sometimes see, a permanent advantage follows, but by the induction of a process of which we are absolutely unconscious, and this fact must be uppermost in our minds, so that we may so guide our efforts as to

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imitate, as nearly as possible, that which nature does, not only with impunity, but with so great and permanent advantage

With the object I have now in view, I would in the first place say that bougies are, as a rule, to be used, and not catheters. I am quite sure that unless there is some special reason for it, it is a great mistake to interfere with that degree of residual urine which is met with in most cases of prostatic obstruction, especially in its early form. What we have to do is to bring about such a conformation of the outlet from the bladder as to render residual urine unneccessary. Apart, however, from this point, which is an important one, it must be remembered that a flexible bougie generally enters the bladder much more easily than any catheter, as the stiffening which the eyes of the latter entail render it less capable of adapting itself to the canal. The special instruments I employ for moulding the prostatic urethra are of three kinds—the whip bougie, the ordinary olive-headed instrument, and the bogie *a ventre*, or bellied bougies, which I first introduced some years ago for this purpose. I prefer the last mentioned. Whatever instrument is selected, care should be taken to ascertain that it can be used easily and without causing pain, as the object in view would thereby be defeated.

The narration of a single case of some years standing will enable me to complete the particulars which seem to me to be of importance in connection with the modeling treatment of prostatic obstruction. In 1883, a medical man, æt. 62, consulted me for symptoms which he was inclined to attribute to a stone in the bladder. For some months he had been suffering from extreme irritability both by night and day, and in the morning on rising. He was engaged in an active life, and the urgent desire to micturate every two or three hours became extremely irksome and inconvenient. He had great dislike to any instrumental interference, and up to the time of my seeing him had refrained to use a catheter, although he had been frequently urged to do so. His habits and modes of life had always been extremely temperate and regular. Examination by the finger in the rectum showed that he had a moderately enlarged prostate. As he wished to be searched for stone, the introduction of the sound showed by the manner in which the handle of the instrment had to be depressed to enter the bladder that the prostate was very considerably elevated and enlarged. There was no stone nor evidence of any disease except the enlarged prostate. There were about two ounces or rather more of healthy residual urine. Having explained the nature of the case to him, I advised him not to use a catheter, but to accustom himself to the regular introduction of a suitable bougie. To commence with I gave him one of the whip bougies, which I was then introducing into practice, and asked him to pass it every second or third night on going to bed. In the course of three weeks, he got quite accustomed to this very simple form of instrumentation, and I then substituted the smallest size bougie *a ventre* or prostatic dilator as previously described. He passed this himself on going to bed about twice a week, and very gradually increased the size of the instrument by three or four numbers. He reported himself at the end of six months, having persistently carried out this treatment in conjunction with the pursuit of his ordinary business. His condition then was as follows: His propulsive power in urinating had increased, the irritability of the bladder had gradually subsided, the calls to urinate being hardly more frequent than normal, and the amount of residual urine had dimin-

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ished from rather over two ounces to a little less than four drachms. Nothing else had been done medicinally except the treatment I have mentioned. I saw this gentleman casually two years afterward, and learned that he was as well as ever. He told me that he did not think there was the least necessity for using the instrument, but as it was no inconvenience to him he preferred doing so once a week just before going to bed. His urine was acid, and in other respects healthy, and the bladder completely emptied itself.

A useful commentary on this case was suggested by the remarks of another medical man to whom I was relating it. "How is it," he said, "that I have not derived a similar benefit? I had to commence the catheter life fifteen years ago, and a day has never gone by since without my passing into the bladder a No. 10 English flexible catheter at least twice in the twenty-four hours." My reply was this: "You did not commence to draw off your urine until atony of the bladder had proceed so far that you could not get on without this expedient, and when by the regular and persistent use of your catheter nature found out that muscle was not necessary for your act of micturition, either in part or in whole, she ceased to supply it. I have not the least doubt that my friend whose case I have just related would have been in a similar position to yours had we in the first instance supplied him with a catheter instead of a bougie, and told him to go on using it.

Before closing I should like to make a few remarks in reference to the larger class of cases, those who have hypertrophied prostrates but are in no sense inconvenienced by them. As I have said before, a person so circumstanced must be regarded as more liable to some sudden urinary disturbance than one who is not Hence I have been in the habit of enumerating a few points which in the management of elderly males have proved of service.

1. To avoid being placed under circumstances where the bladder can not be emptied at will. Nothing so bad for a large prostate, though it may be working satisfactory, as an enforce retention. It is often the first cause of permanent atony.

2. To avoid checking perspiration by exposure to cold, and thus throwing additional work on the kidneys. In climates like our own, elderly persons should both in summer and winter, wear flannel next the skin.

3. To be sparing of wines and spirits (if used at all), exercising a marked diuretic effect either by their quantity or quality, select those which promote digestion without palpably affecting the urinary organs. A glass of hot gin and water or a potent dose of sweet spirits of nitre will not do anything to remove the residual urine behind an enlarged prostate.

4. To be tolerably constant in the quantity of fluids daily consumed. As we grow older our urinary organs become less capable of adapting themselves to extreme variations in excretion. Therefore, it is desirable to keep to that average daily consumption of fluids which experience shows to be sufficient and necessary. How often has some festive occasion, where the average quantity of fluid daily consumed has been largely exceeded, led to over-distension of a bladder long hovering betwen competency and incompetency. The retention thus occasioned, by suspending the power of the bladder, has frequently been the first direct step toward establishing a permanent, is not a fatal condition of atony or paralysis of this organ.

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5. It is important that from time to time the reaction of the urine should be noted. When it becomes alkaline or offensive, the use of the catheter may be necessary. When a catheter is required, it is important that its selection should not be entirely left to the instrument maker. There other points to be considered beyond that fact that it is to serve an artificial outlet for the urine from the bladder. An unsuitable catheter in a prostatic case may do much permanent harm.

6. Some regularlty as to the time of performing micturition should be inculcated. We recognize the importance of this in securing a regular and healthy action of the bowels, and though the conditions are not precisely analogous, yet a corresponding advantage will be derived from carrying out the same principles in regard to micturition.

Of the medicines I have found useful in conjunction with mechanical means in restoring the tone of the bladder, I would mention here the ergot of rye which I generally give in the form of the fluid extract in cinnamon water. Its value in promoting muscular contractility is generally recognized.—*Reginald Harrison, F.R.C.S., in Wood's Medical and Surgical Monograph for June, 1891.*

Somnal—A Hypnotic.—Since I have been placed on the committee on New Remedies, and in view of the fact that I am always desirous to keep up the interest of this Society by promptly responding to any task that may be set before me, I write this brief paper on a remedy that is not new to all of you, but some of you may not yet have tested its merits in that most annoying and often intractable sympton—insomnia. The remedy I refer to is Somnal. I show you here a sample of it. It is, as you see, a colorless liquid, resembling chloroform in its appearance and behavior when added to cold water, in which it forms globules, in which it refuses to mix or dissolve. When shaken with water the mixture is milky, but quickly separates. It is soluble in hot water and alcoholic solutions, and dissolves resinous substances and fats. The odor is rather delightful, and resembles somewhat that of spirits of nitrous ether. The taste is pungent and for administration needs free dilution. When whiskey is not objectionable, or alcohol, it can be dissolved in either, to which water can be added until the taste is not unpleasant. The taste can be disguised well in syrup of ginger or licorice. Somnal is inflammable, and burns with a flame resembling alcohol. Somnal can be said to be a new remedy, for it was first brought to notice by Radlauer, of Berlin, in the fall of 1889. It is formed by the union of chloral, alcohol, and urethrane; but it is not simply a mixture of these bodies. It differs from chloral-urethrane by the addition of $C_2 H_4$, its fomula being $C_7 H_{12} Cl_3 O_3 N$. The dose ranges from fifteen to thirty drops. In its action it resembles chloral in quickness of effect and naturalness of the sleep produced. No marked depressing influence is exerted upon the pulse or respiration, though it is noticed that the breathing becomes slower and the pulse slower and fuller, as in natural sleep.

I have used this drug in upwards of thirty cases, and in no instance did I find any disagreeable after-effect. The head remains clear on waking, and the stomach unaffected. No constipating or relaxing effect follows its issue. The kidneys are slightly quickend. No increase of dose is called for, however long you use the remedy. Usually two doses are sufficient. I have the habit of giving the first dose at 8 o'clock and the second at 10. A night's rest usually follows. In aggravated

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cases of insomnia, I order a third dose at 2 A. M. if the patient is wakeful. The sleep is very natural. It dose not, like chloral, depress the heart, irritate the stomach and produce morning drowsiness, or disturb the gait, dull the sensibilities and irritate the stomach as if often the case when sulfonal is used. In a form of insomnia which accompanies general neuralgic pains, this remedy almost invariably relieves the pain and procures a restful sleep In the fretfulness of nervous people who cannot sleep, as in certain cases of melancholia agitata, hysteria, hypochondria, and puerperal mania, I have found this remedy preferable to any other. I have no experience in using this drug in the sleeplessness of children, nor have I witnessed its results in the acute febrile diseases. I believe that this remedy stimulates the gastric mucous membrane, and by so doing relieves nausea and pain often, and improves the appetite, and regulates the bowels. Its power of relieving nausea and accumulation of gas in the stomach is very pronounced. I have in three instances administered it in small doses during the day for this purpose. The results were exceedingly satisfactory. As it is rapidly eliminated from the body, it may be administered each night or a number of days without any possibility of ill effects. I am fond of old remedies; I take up new ones cautiously; but in my efforts to give refreshing and restful sleep to the sleepless and worn-out nervous cases that come under my call, I was ready to put this new remedy into immediate use, and I have done so with the results given above.—*Irving D. Wiltrout, M. D., in N. W. Lancet.*

Clinical Observations on the Use of Bovinine.—There appear in the medical journals from time to time reports of the results obtained from the use of certain drugs or medicinal agents, which although the information may not be new, are an aid to the practitioner simply trom his being reminded of them. It is tne same in reviewing an old book, we are very likely to come across some good suggestions which had passed out of our mind. It is in the line of a reminder that I recall bovinine. We have all used it, some to a greater extent than others. There are certain cases where this blood renewer (for such it is, pure and simple), can have its place taken by nothing. In anæmic individuals with feeble digestion where easy assimilation is desirable, a tablespoonful of Bovinine, together, (if the stomach will bear it), with a tablespoonful or two of Royal Tokay Wine, is a most useful tonic, and is especially valuable for anæmic or chlorotic females troubled with amenorrhœa. It is one of the very best adjuvants to proper medication in this class of cases. Bouinine is not a medicine *per se;* it is a food. It is even more than a food; it is as Prof. Waugh, of Philadelphia, asserts, "one step beyond a food; it has received the finishing touches and has become the vital fluid itself; and whatover there may be of that mysterious quality known to us as vitality, this fluid alone possesses it; for it is blood, and consists of the juices of lean, raw beef, obtained by a mechanical process, by neither heat nor cold, and contains by weight 26 per cent of coaguable albumen, besides a small quantity of alcohol and boracic acid; and its mission is to supply blood to the impoverished system. Hence it is one of the most rational and efficient remedies we have with which to replenish the body which has lost a large amount of blood from hæmorrhage. After railroad accidents, capital operations, "flooding," etc., it is the renewer to the exsanguinated body upon which we may rely. In a case of "crossbirth," which occurred in my

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practice, complicated with placenta prævia lateralis, in which there was considerable hæmorrhage before the placenta could be detached, and also in which the patient experienced considerable shock and weakness on account of the manipulations of "turning" and loss of blood—after the immediate stage of stimulation, which had to be resorted to, to keep the patient's heart beating, had passed; she was ordered Bovinine, a tablespoonful to be taken four or five times a day until gradually she could take milk and other light but nourishing food. I have found Bovinine of service in the treatment of gastric catarrh, and as a sustaining measure given in small quantities to children suffering from summer diarrhœa, as well as from anæmia and scrofulosis. In typhoid fever with ulceration it will probably be absorbed by the intestinal tract more perfectly than any other food. Another valuable use to which Bovinine may be put is in cases where feeding by the rectum is required. It seems to be the most reasonable food which can be introduced into the system by mere absorption. It is recommended when employed for rectal feeding to add to each ounce of Bovinine, ten grains of pancreatic extract, and two ounces of water. Bovinine may be prescribed alone, or given in addition to iron, quinine, arsenic, strychnia, appropriate wines, or any tonic which may be indicated in any given case. Its taste, not more disagreeable than that of blood, for that is what it is, may be masked by taking with it some simple bitter, milk or wine. As a blood supplier it has no superior, and for feeble stomachs where but little food can be borne, and it is desirous to have that little nourishing; for individuals in whom the corpuscular elements are few; and for those in whom the blood supply is small, owing to loss through hemorrhage, etc., this valuable remedy will be found most serviceable. The latest use made of Bovinine, is as a local stimulator to sluggish circulation about indolent ulcers.* This is a novel and simple way of invigorating indolent ulcers, and one worthy of trial in this class of cases which so often baffle the best efforts to head. From the facts presented it will be seen that in Bovinine we have a revivifier which is no less than the vital fluid itself, taken from the beef, and so prepared as to render it assimilable in the human tissues.

Amenorrhœa.—About a year ago a school teacher applied to me for treatment, stating that she complained of a tired, draggy feeling, and that her courses were delayed. I at once saw that she needed a pretty vigorous tonic treatment, and especially something to increase the red blood corpuscles in her system. I ordered for her Tokay Wine and Bovinine, two tablespoonfuls of the former and one of the latter three times a day; at the same time I prescribed for her, dialyzed iron, a teaspoonful in water three times a day. Her condition commenced to improve, and in a short time her courses appeared, and also a rosy color to her cheeks.

Paralytic Shock, with Partial Paralysis of the Muscles of Deglutition.—Mr. J. B., aged 84, while sitting with his family one evening, was suddenly taken with a severe pain in his head, unconsciousness, and inability to move his arm or leg of the left side. Inability to speak plainly and to swallow only with difficulty supervened upon recovering consciousness. As I am only speaking of the feeding in these cases, I will not go into details of other treatment. From the condition of his throat only liquid food could be swallowed, and that in small quantities. As he soon tired of milk, and as he required something more nourishing, in small quan-

*See Medical Herald for August.

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tities, I ordered for him Carnrick's Liquid Beef Peptonoids, and Bovinine; as these are nourishing in small quantities they helped to maintain his vitality for an indefinite period.

Cholera Infantum.—In cholera infantum where feeding demands so much care, I have obtained good results by withholding milk entirely, and administering a few drops of Bovinine in water previously boiled, at frequent intervals, until the stomach could with safety digest its customary diet.

Obstinate Vomiting of Pregnancy.—In a case of this kind which recently came under my care, where the stomach would tolerate scarcely a teaspoonful of water, the first food that was offered to tide over the stage of reflex irritability, was Bovinine. It was at first diluted with water; afterwards milk was gradually added until the Bovinine could be dispensed with.

Traumatic Peritonitis.—One of the most unique and dangerous cases which it has been my good fortune to bring to successful termination was a case of traumatic peritonitis in a girl 8 years old. Speaking only of the diet used in this case where it is necessary to have it small in quantity, and nourishing, owing to the condition of the bowels (nothing had been able to pass the bowels and she was tympanitic to a great degree, until relief was finally obtained), and the stomach was extremely sensitive and vomiting frequent from the whooping cough which she had, in addition to her injury. She was given for food nothing but Bovinine, a half teaspoonful at a time, at frequent intervals. Later on after the tympanites began so subside, she was given with the Bovinine, milk and lime water. Cracked ice was allowed in moderate quantities.—*G. H. Pierce, M. D., in New Eng. Med. Journal.*

"On the Microbicide Action of the Poles."—The new electro-chemical treatment which I have tried almost for a year to bring before the medical pnblic, is destined to demonstrate the chemical action which the galvanic current experts. The principle of treatment is known to you as electrolysis, or the operation by which we resolve, through the electric current, a chemical compound into its constituent elements. In this U-tube, filled with a solution of the potssium iodide (1 to 10), you see two platinum rods which are immersed in the upper third of the liquid, and connected with this battery. The current measures 25 milliamperes, and the products of the electrolysis are generated pretty freely at the contact of the two electrodes. Around the positive pole appears the iodine in its nascent state, and oxygen; at the negative electrode you can see a milky body which is due to the potassium, and some large bubbles of hydrogen, which rise to the sursace of the liquid. In decomposing the iodide, either within or upon the tissues, I have aimed at a double effect; first to increare the microbicide action of the poles; and second, to operate with doses that are bearable. I entertain the hope of having solved the problem. I present to you two glass tubes containing gelose on which has been spread a culture of hyocanine. In the first, the culture gave no results; in the second, rapid growth followed within twenty-four hours. I passed a current of 25 milliamperes in each branch of the tube for ten minutes, after M. Charren had spread a large quantity of pyocanic bacilli into it. The results were conclusive. At the positive pole, nothing appeared, while around the

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negative pole the contrary was observed. A current of 50 milliamperes completely sterilized both poles. Dr. Jonstain presented to you a patient affected with tubercular lupus whom I attended with Dr. J. The ameloration seemed at first to intimate a mistake of diagnosis; but you can still observe ulcerations on the septum naruim and some tuberculous nodules which are still to be cured. The improvement showed itself by a disappearance of the crusts and of the congestion of the lobute of the nose, by a rectum of the sense of smell, and the cessation of pain. The treatment has now lasted three weeks.—*Dr. Gautier in the Revue International d'Electrotherapie, Paris; translated by Dr. W. H. Weyman, St. Joseph, Mo.*

How Shall a Mother Feed Her Baby If She is Unable to Nurse It, or After She Weans It.—From time immemorial the reliance has been on a wet-nurse or cow's milk. Those who have tried a wet-nurse know the annoyance and expense too well. To those who have not: The fact that she is willing to endanger the life of her own child by inferior food, for dollars and cents, shows that she is hardly safe to trust with your baby. Even if she should be a good woman, the worry of parting with her own offspring is apt to make her milk disagree with another baby, and if both hers and your child is to be supplied from her breast, which child will have the preference? When a woman of that class knows that the life of your child depends on her milk, she is apt to become a tyrant. To say nothing of the danger of contracting disease from such a nurse and the risk to your own child, the annoyance from a wet-nurse is so great that few mothers care to try it a second time. As a rule, bottle fed babies in the city die from cholera infantum or marasmus. Cow's milk, even if procured perfectiy fresh, is not the equivalent of mother's milk, because it contains more of the caseine or cheesy portion of the milk, and less of the sugar of milk. Again it is shown that cholera infantum is caused by a disease germ that forms in cow's milk, and if this germ is introduced into the baby's intestines it multiplies with wonderful rapidity, producing a ptomaine that overwhelms the nervous system, in the same manner that the germ of Asiatic cholera does when introduced into the intestines of the adult. The public have become completely demoralized in regard to the use of cow's milk for infants' food, by the discovery that the cow is subject to consumption the same as human beings are; that on an average six cows out of every hundred kept for milk, in the neighborhood of our large cities, are tuberculous, and that when the tuberculous nodules are in the cows' udders, the bacillus tuberculosis, or the germ of marasmus, or consumption of the bowels, is invariably found in the milk of that cow. Careful postmortem examinations of those children that have died from marasmus, frequently show the bacilli in the absorbents leading from the intestine and in their lymphatic glands, and in no other part of the body, demonstrating conclusively that the very food that was given to these children was the cause of their death. To avoid such dangers, and to provide a reliable food that will agree with the child and properly nourish it, has been accomplished by the Malted Milk Co., with their food known as Horlick's Malted Milk. It is a well-known fact that the diastase of malt is so similar to the diastase of the saliva, the pancreatic and the intestinal juices, that chemists can show no difference between them. If it is so in reality, then it should digest milk. Any physician who has a water bath can prove

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this for himself. Put two tablespoonsful of the malted milk powder into half a pint of water; this makes the strength of the orignal milk. Keep the water bath at the temperature of the human body for three hours. Then take equal parts of sharp cider vinegar and this milk and pour them together. They will not curdle, showing that the caseine or most difficult portion of the milk to digest has been digested outside the body. When a baby throws up, it is this caseine or curd that has disagreed with the child. The starchy foods are converted into fat in the adult. The baby cannot convert the starchy foods because its digestive ferments are not yet formed in sufficient abundance to accomplish their digestion. This is easily demonstrated by feeding a baby with any of the starchy foods and then testing its stools with iodine (which changes from an orange to a purple color in the presence of starch.) The stool will change, showing that the starch has passed through the child undigested, not only not nourishing the child but becoming a source of iritation to the bowels. It is a well-known fact that starch in the presence of the diastese of malt at the temperature of the human body, is digested, converted into dextrine which forms the fat of the body, By adding the proper proprtion of starchy foods to the cow's milk and the diastase of malt, the Malted Milk Co. have produced a food which digests itself and furnishes the fattening element which cow's milk is deficient in. The quality of the cow's milk used is a most important element. Careful inspection is made of all cows from which their supply of milk is obtained, so that only milk from healthy cows is used. To quiet the apprehension of any mother in regard to any possible danger of tuberculous milk being possibly used by an oversight in the inspection of the cows, the process used in preparing the milk destroys every possible germ of tuberculosis, or of cholera infantum. Boiling kills every known disease germ. The germ of consumption (bacillus tuberculosis) is destroyed by a temperature of 150 degrees F. for ten minutes, that of cholera infantum by a similar temperature. The milk before adding the diastase of malt is kept in a sterilizing boiler at a temperature sufficiently above the boiling point, so that if by any possible oversight tubercular milk should be used, the germs are thoroughly sterilized and destroyed, thus all danger from either cholera infantum or marasmus is avoided. By this process of malting the milk, the Malted Milk Co. furnish a milk that digests itself and has the fat producing food which the cow's milk is deficient in, and avoids the dangers of cholera infantum and marasmus, the great destroyers of bottle-fed babies in our large cities. And not for babies alone is this a desirable food. Milk contains everything necessary to sustain life. In all our diseases of debility typhoid fever, Bright's disease, dyspepsia, and where from enfeeblement of the vital powers, either from disease or old age, it furnishes a food that digests itself, and supplies every element needed to sustain life, in a form most easily assimilated.

Mode of Action of Santal Midy.—All the essential oils susceptible of oxidation in the tissues are eliminated through the skin and the mucous membranes (particularly the uro-genital), and possess a special elective action. Essential oil of Sandal is eliminated principally through the kidneys, operating as it were, as a centrifugal urinary injection, a fact established by experimental direct inspection of the urine of the patient submitted to this treatment. It is also elim-

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inated in a small quanity through the skin, but in no case does it produce an eruption. Dr. Gubler remarked that the catarrhal condition improved under the influence of Santal, and moreover this elimination commences half an hour or an hour after the dose is taken, and that the urine then charged with Santal oil becomes clouded on the addition of nitric acid. Superficial observation would attribute this to the presence of albumin, if the addition of the requisite quantity of alcohol did not easily dissolve the precipitate so formed. Dr. H. Bordier, however, has very cleverly demonstrated that the albuminoids, reputed to be present when Copaiba and Santal are absorbed, are nothing but Resinoids.

The preceding particulars enable us to comprehend somewhat the action of Santal, but we owe the complete solution of this interesting problem, to the assiduous labors of M. Chapoteaut on the composition of the Essence of Santal. In a paper presented to the Paris Chemical Society, M. Chopoteaut has shown that the Essence of Santal is composed of two essences, one boiling at 300 ° and the other at 310 ° ; the composition of the essence boiling at 300 ° is $C^{15}H^{24}O$ and that of the essence boiling at 310 ° is $C^{15}H^{26}O$. This chemist has been able to realize with the essence $C^{15}H^{26}O$ a series of ethers under the influences of the different acids he brought to act upon it, and has announced the exceedingly important fact, that the essence $C^{15}H^{26}O$ is an alcohol, the aldehyde of which is the essence $C^{15}H^{24}O$. The Essential oil of Sandal belongs then naturally to that series of camphoric hydro-carbons of which $C^{6}H^{8}$ or one of its multiples is a type; that corresponding with the aldehyde $C^{15}H^{24}O$ viz: $C^{15}H^{24}$ boiling at + 260° approaches the essence of copaiba, whilst $C^{15}H^{22}$, boiling at + 245°, corresponds with the essence of cedar. The oxidation of an aldehyde and an alcohol being effected much more easily than that of a hydro-carbon, it is permissible to deduce the general law, that the therapeutic action of bodies susceptible of oxidation, is in direct proportion to their capability of oxidation. This law which is confirmed by the researches of M. Chapoteaut on the composition of the Essential oil of Santal explains the reason of its rapid action, far exceeding that of copaiba. We see then why Sandal-Midy capsules containing the pure unoxidized oil are making such great advances in therapeutics, and if it has not yet won with all practitioners the reputation it deserves, it is to be attributed rather to the too frequent substitution of the commercial article; which as a matter of fact is generally adulterated, and at best is distilled from refuse wood trimmings.

Chloralamid in Surgery.—Frequently after an operation of magnitude it is necessary to give the patient something to quiet the nervous system and to produce sleep. It is not always pain which causes restlessness and sleeplessness after the operation—in the majority of cases I am sure that the impression upon the nervous system, and particularly upon the mind, is what leads to the insomnia; for under our antiseptic methods, and especially where the wound has been covered with iodoform—a drug having decided anaesthetic properties—there is but a trifling amount of pain, often none, even after the most severe operative pro-

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cedures. But as night draws near there is a growing restlessness, and at the hour when sleep should come the patient is anxious, nervous and wakeful. What can be done? The almost universal rule among surgeons is to order a hypodermic injection of morphine; but I believe this is unjustifiable unless there be some indication for the anodyne effect of the opiate; this is markedly true in abdominal surgery; but in any case the morphine is objectionable because it is apt to produce vomiting, is certain to seriously interfere with the process of digestion, is sure to induce constipation, and nearly always to give rise to headache, malaise, etc. Chloral has been suggested as a proper hypnotic; but chloral depresses the heart to a dangerous degree, and therefore cannot be used in these cases. Bromides, with hyoscyamus, will sometimes answer the purpose admirably, but most stomachs rebel against this combination, so that it is hardly safe to try it. What then can we use? If a drug can be found which will be free from all these objectionable features it unquestionably will fill an important place in our materia medica.

Such a one, it seems, has been discovered in chloralamid. This comparatively new medicinal agent is prepared by combination of two parts of chloral hydrate with one of formamide; it is found in commerce as a colorless, crystalline substance, nearly tasteless, soluble in about twenty parts of water and two of alcohol. It will keep indefinitely in solution without decomposition, but cannot be dissolved in hot solutions because of chemical changes. It acts very much like chloral and sulphonal, but does not depress the heart like the former, and is much superior to the latter in that it is soluble, exerts no bad influence upon digestion, possesses no diuretic action, never causes pruritus, vertigo, diarrhœa, or other bad symptoms which sometimes follow the administration of sulphonal—in fact, experience is demonstrating the accuracy of Reichmann's observation; from chloralamid no ill effects in the circulation or in the feelings of patients are to be noted; and, besides' the cost is much less than that of sulphonal. T. Lauder Brunton, in a recent report on the Relative Utility of Different Hypnotics, highly commends it, and states that with reference to certainty of action and the question of tolerance chloralamid surpasses.

It exerts its influence upon both the brain and spinal cord, producing sleep and reducing the motor excitement; it may be regarded as a pure hypnotic without anodyne properties, though some late reports would indicate that it has to some degree the power for partial abolition of pain. It is, then, the ideal sedative, giving prompt and satisfactory action, reliable results and absolute freedom from evil side or after effect.

Its dose is from fifteen to sixty grains. The proper method of exhibition is to give them fifteen to thirty grains (according to the condition of the subject), repeating the dose in an hour if the first does not produce sleep; usually from ten to thirty grains give five to eight hours' refreshing slumber. The best method of giving it is to dissolve the required amount in about a teaspoonful of whisky or brandy, or in a small glass of wine if the patient prefer. It may also be given in anything containing alcohol in considerable quantities, as tincture cardamom compound, tincture of hyoscyamus, etc. If for any reason it cannot be given in this manner it may be taken in powder form, and washed down with cold water or cold tea The direction of W. Hale White, of London, is a good one; viz, tell the patient to

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dissolve the powder in brandy, add water to his liking, and drink it shortly before going to bed; this combination with spirits is particularly good in our surgical cases where whisky is usually indicated, at least in most major operations. If in any case it be better to have the medicine in liquid form, this combination may be prescribed:

℞ Chloralamid.....ʒ ij
Spts. frumenti.....fl ʒ i
Misce bene ut ft. solut. et adde:
Syrupum rubi idæi.....fl ʒ i

MISCE SIG—Dose, one tablespoonful, to be repeated in one hour if sleep is not produced. This makes a decidedly pleasant mixture of acid taste and fruity aroma and flavor.—*Emory Lamphear, M. D., in Notes on New Remedies.*

Therapeutic Uses and Value of Campho-Phenique and Chloro-Phenique.—Some months ago my attention was drawn to two new remedies placed upon the market under the names of Campho-Phenique and Chloro-Phenique. Having procured samples, I have given both a thorough and extended test in my public and private practice, and it now affords me very great pleasure to add my testimony to that of so many others, to their value in practical therapeutics.

As parasiticides and antiseptics they are, in my experience, without rivals. Of Campho-Phenique, I can say that it would be difficult to enumerate all the diseases and conditions in which I have found it to be "just the thing." Undiluted, as a dressing for wounds, burns, scalds, etc., I have found it more truly and reliably antiseptic and anæsthetic than any other agent with which I am acquainted. In dermatology, in the majority of cases, it is superior to iodoform or aristol. It is the ideal antiseptic in the treatment of diseases of the throat and nose. Especially is it useful in catarrhal conditions of the fauces, used either as a spray or by inhalation. In gynæcological practice it is also valuable. As a non-toxic, non-irritant and reliable germicide, for washing out the cavities, Chloro-Phenique has no equal. I have used it in several cases of chronic cystitis, washing out the bladder thrice weekly with a twenty-five per cent aqueous solution, and in each case a cure was speedily effected, although they had previously been treated without much benefit with boro-salicylic lotions, permanganate of potash, nitrate of silver solution, etc. In dressing wounds, burns, etc., I have used Chloro-Phenique gauze (made by saturating cheese-cloth with Chloro-Phenique), and I have found the dressings more surely antiseptic than any gauzes on the market, besides being entirely non-irritating. In the treatment of two cases of typhoid fever, with excessive tympanitis, I injected Chloro-Phenique well up into the colon (using a stomach pump for the purpose), the result being a rapid reduction of the tympanitic condition. Finally, I have used Chloro-Phenique successfully as an antiferment in dyspepsia, and as an injection in gonorrhœa, healing *tuto, cite et jucunde.—Beverley D. Harrison, M. D., Sault Ste. Marie, Mich., in Medical Age.*

SAMPLES of Sander & Son's Eucalypi Extract (Eucalyptol) gratis through Dr. Sander, Dillon, Ia. Eucalyptol proper stands foremost as disinfectant and antiseptic Meyer Bros. Drug Co., St. Louis, sole agents. Look for the genuine product.

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Hay Fever Remedies.—Whatever may be the theory of the causation of hay fever the question to physician and patient is how shall the symptoms be relieved? Mere mention of the Remedies that have been tried would almost make a treatise on materia medica. Among these we wish to call attention to a few which have proven their efficacy. These may be conveniently described under two heads, viz.: remedies for local use and for internal administration. Local medication may include Cocaine in 4 per cent solution, in tablet form or in nasal bougies. A good formula for bougies is the following: Hydrochlorate of Cocaine, 1 grain; Atropine, 1-200 grain; Cocoa butter, q. s. The bougie may be held in position by a pledget of absorbent cotton soaked in cocaine solution. Menthol may also be used with advantage in 10 to 20 per cent solution in olive or almond oil and applied to the nasal membrane with a brush or in spray or simply insufflated. Fluid Extract Witch Hazel, distilled, and Fluid Hydrastis for local application are often of value in the catarrhal symptoms. For internal administration to abort the paroxysms Grindelia Robusta, Euphorbia Pilulifera and Quebracho may be resorted to either alone or in combination. These remedies have shown their specific antispasmodic action in asthma, and accepting the neurotic origin of hay fever, must be conceded to be of service in restoring normal respiratory action in the distressing paroxysms of hay fever. Parke, Davis & Co. supply all of these agents in eligible form, and will afford all desired information concerning them.

Gout and Rheumatism.—There can be no possible doubt that, despite the different opinions in regard to gout and rheumatism, alkalies exercise a very good action, and tend to relieve the system of that hyperacidity which seems to be always present. In this administration of alkalies, some care is to be exercised in order to avoid those disturbances of the digestive system which may come on as a result of their continued adminstration. Among the best of the alkalies is lithium and its salts. Some, however, contend that its combination with other alkalies makes its action more sure and effective. A combination devised by an eminent practitioner is as follows:

℞	Lithium benzoate	gr. 12.823
	Lithium bicarbonate	gr. 13.784
	Potassium bicarbonate	gr. 10.000
	Sodium chloride	gr. 10.000
M	Carbonated water	ʒxvj-

This makes a palatable effervescing mixture which is very grateful to take, as well as effective in action. Of course, it is impossible to prepare this extemporaneously. Dr. Enno Sander has made the above in his usual thorough manner, and has named it Benzoated Lithium Water. Being palatable, it is taken by patients with certain relish, and the peculiar taste of the alkalies dose not manifest itself, being completely covered by the carbonated water.—*Weekly Medical Review.*

Dr. Martin F. Coomes gives in *The American Practitioner and News* an encouraging report of the treatment of lupus with a solution of Methyl-Violet (1-3 in 1000) locally applied and without any internal treatment. Dr. Boggess reported the use of this substance in diptheria, applying locally a 3 per cent. solution every two or three hours.

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Malt Extract.— A Therapeutic Study.—Within the past few years the practitioner must have been forcibly impressed by the wide-spread prevalence of ailments, having origin in the derangements of the digestive apparatus. Close observers have also witnessed numerous attempts on the part of manufacturing chemists to supply the medical profession with remedial agents to meet the demands of patients who sought relief. The last decade may, with propriety, be called the pepsin campaign. Physiological remedies have received such enthusiastic praise that we have been seriously threatened with a re-installment of the ancient, but now exploded doctrine of isopathy. At the present time, even, pepsin obtained from the stomachs of animals is seriously advocated in all forms of disorders affecting the human stomach; the use of ox-gall, obtained from the livers of cattle, is advocated as a sovereign remedy in many cases peculiar to men with lame or crippled livers; the animal pancreas is likewise utilized to facilitate intestinal digestion, when this disorder is supposed to be dependent upon lack of functional activity of that organ. Quite recently I listened to a paper read before a medical society, in which the ground was taken that dysentery was a disease due to the inactivity of both liver and pancreas, and cases were cited in which the exhibition of these remedies combined had sufficed to effect a cure. Of course the advantages to be gained from this line of treatment are obvious, but the principal good arises from metamorphoses taking place in the fats and starchy food products, rather than from any antiseptic properties which these agents are claimed to possess. Failure of the digestive apparatus, however, is not always an indication for the employment of artificial ferments, as without a restricted dietary, these remedies prove of but temporary benefit. So unsatisfactory have been the results of this method in the hands of some physicians, that it has been abandoned. A physician made the remark to me lately, that he ordered digestive ferments only when other remedies failed, and he did not know what else to give. My own experiences with these preparations has been eminently satisfactory, but I have endeavored to exercise discretion in the selection of the dietary, when they were employed. Thus, in giving pepsin to assist a disabled stomach, the food should be selected with a view to lessen the work of the organ, while the exhibition of pancreatin requires that the demands upon intestinal digestion should be reduced to a minimum by excluding fats and starchy substances. Remarkable good results will often follow the adoption of a dietary regulated according to the foregoing indications, even without the exhibition of any form of medicine. The truth is that to many people of this country are precipitating upon themselves a debilitated condition, with a class of diseases following in its train, that may be looked upon as certainly preventable, although but few practitioners have so far taken advantage of this practicl fact. In nearly all diseases which have assumed a chronic character, the physician will seldom make a mistake in cutting off starchy food-products, while at the same time he supplies something which will assist in covering such articles that are permitted. To provide such a remedy, one that will be taken readly by persons whose stomachs have been made the dumping ground for the most diabolical combinations under the garb of medicine, is a requirement of no small magnitude. How many thousands of honest, thoughtful and conscientious physicians have been baffled in their attempts to solve this question, it would be difficult to say. Just here I may refer to diatase, a valuable prin-

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ciple found in malt extract, a remedial agent which has recently attracted considerable attention. Diastase is a soluble substance, and possesses the power of dissolving starch, convert it into gum (dextrin), and finally into grape sugar as it exists naturally in the grape. The amyloltic properties of diastase are, in some respects similar to that of the pancreatic juice, and when we desire to act upon the starch alone, it will frequently prove serviceable when pancreatin cannot be used, owing to the destructive action of the gastric juice upon this delicate product. The activity of diastase is much like that of pepsin, except that the latter acts only upon albuminoids; the protcolytic power of good pepsin is about the same as the amylolytic power of a good diastase, one part of the former being sufficient to convert two thousand parts of albumin into peptone, while one part of diastase will convert two thousand parts of starch into grape sugar. When we take into consideration the distinct therapeutical properties of diastase, together with the persistent demands of patients suffering from intestinal indigestion due to the consumption of starchy food products, the rapidly increasing facilities on the part of manufacturers supplying physicians with malt extracts may be appreciated In order to obtain some definite idea upon this subject it will be advisable to consider the character of more important food-products containing starch, as by eliminating these substances from the dietary, or restricting their use, patients will receive more benefit from the exhibition of malt extract and its contained diastase. According to Professor Coleman, of Glasgow, Scotland, the following figures represent the portion of starch contained in the food substances named:

Wheaten bread.	Percentage	of	Starch,	47.4
Wheaten flour	"	"	"	66.3
Oatmeal,	"	"	"	58.4
Potatoes,	"	"	"	18.8
Rice,	"	"	"	79.1
Arrow-Root,	"	"	"	82.0

Starch, like sugar, fat, etc., is a heat producer, while albuminoids, such as fibrin, casein, albumin, etc., are flesh-formers. When too much starchy food is taken into the system, the amylolytic function is arrested, fermentations occur, accompanied by more or less physical and mental depression, due to the local irritation set up and the absorption of noxious materials. The most casual observer cannot fail to understand the deleterious effects which must attend upon a disordered condition of the digestion such as that described, and the intelligent physician will readily appreciate the benefits to be derived from the exhibition of remedies calculated to meet these difficulties. At one time bleeding was resorted to, and proving of temporary benefit, the plan was followed by a large number of practitioners; later, however, purgatives became the rule, but the more intelligent class of patients rebelled, and so they in turn had given place to antiseptics. Still without regulation of the diet, our practice under the new regime is exceedingly unsatisfactory. An ideal combination in this class of cases would include digestive ferments with the antiseptics, but owing to the incompatibility between the two this plan can not be adopted. Indeed, the physician too often finds that his resources have been exhausted, and is disposed to regret the uncertainty of all medicaments. This statement doubtless voices the sentiments of many physicians, and it is under such unfavorable auspices, I think, that attention should be given to malt extracts. Physicians in special practice do not hesitate to order malt extract for patients by the dozen bottles, often without other medication, in cases which have been passed over to them by the general practitioner. My own experience with a reliable preparation has been so uniformly successful that I am prompted to publish my conclusions, be-

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lieving that by this means others may be guided in the same channel. To determine what is meant by a reliable preparation, several questions are to be considered, the most important of which viewed from a medical standpoint, may be mentioned as follows: 1 Diastasic power, or its ability to convert starch. 2. Purity, or its freedom from substance calculated to impair the therapeutic value of the product. 3. Palatableness because we wish to avoid nauseating mixtures where malt extract is indicated. These questions will be discussed in a general way, in the order of their occurrence. Attention should first be called to an erroneous impression which obtains, viz.—that malt extract, ale, beer and porter are substantially the same, and consequently some physicians are opposed to the use of either, believing it contrary to public policy to encourage the establishment of breweries. The facts are, that malt extract is a product which differs materially from all others, in its manufacture, diastasic power and contained alcohol. Dr. Coleman's investigations form a specific contradiction of this assumption. Duly measured quantities of bread were placed in a watery alkaline solution, which was maintained at body-heat for the period of six hours, with specific amounts of malt extract and the ordinary well-known English beverages, with the following results:

The Burton ale dissolved	5	per	cent	of	the starch.
The London porter "	40	"	"		"
The Wrexam ale "	26	"	"		"
Joh. Hoff's Malt Ext.	60	"	"		"

The diastasic power, thhrefore, is a property which may be demonstrated, and in considering the claims of any preparation, this subject should receive our first attention. When this important quality is lacking, we are to enquire whether or not the cause is due to an excess of alcohol, or to the addition of salicylic acid or other objectionable substances as preventatives. Both alcohol in excess and salicylic acid retard and practically destroy the diastasic power of malt extract, which may account for the favorable results obtained by Prof. Coleman with the genuine Joh. Hoff's malt extract, containing as it does, but three and one-half per cent of alcohol and no salicylic acid. As much cannot be said of a malt extract also called Hoff's, manufactured by Leopold Hoff, as repeated examinations by Professor Leffman, the well-known analytical chemist and expert, discovered the presence of a much larger proportion of alcohol and invariably salicylic acid. Prof. Leffman says: "The effects of salicylic acid have been extensively studied, and the unanimous opinion of sanitary chemists is, that it is very objectionable as an addition to any form of food or drink, and especially objectionable in malt extract. From some observations made in my own laboratory, it appears that not only does salicylic acid wholly suspend the action of diastase, to which malt owes its starch converting power, but that the starch digesting power of the pancreatic secretion is wholly suspended by it. It thus appears that the addition of this body is to render the extract not only inactive so far as its own function is concerned, but it introduces into the system an injurious substance, which interferes with another important function." The preparation referred to by Prof. Leffman enjoys an enviable reputation on both sides of the Atlantic, having been the first product of the kind offered to the medical profession as early as 1847, and notwithstanding the attempts that have been made to supplant it, the fact remains that it is incomparably the best of all the numerous preparations now on the market as regards diastasic power, purity and palatableness. The improvements suggested by scientific study, together with long experience, have given the genuine Johann Hoff's article a reputation that has stimulated a hast of imitators, but to-day it occupies a position far in advance of all competitors as an elegant, nutritious and efficient tonic, adapted alike to young and old, and especially to those in a debilitated condition dependent upon indiscretions in diet. It is an admirable remedy for the period of convalescence following long continued diseases, notably typhoid fever, when the functional activity of the intestinal glands is below par, and will be found of signal service in arresting the progress of all forms of disease in which failure of the digestive functions is a prominent factor.—JOHN AULDE, M. D., in the *New Eng. Med. Monthly.*

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DR. FORDYCE BARKER, by his will, has left to the New York Academy of Medicine all the works in his library relating to obstetrics, gynecology and the diseases children.

THE CONGRESS OF AMERICAN PHYSICIANS AND SURGEONS.—The attendance of well known foreign medical men at the congress seems likely to be considerable. We learn that Sir William MacCormac, Mr. Arthur Durham, and Mr. Reginald Harrison sailed from Liverpool on August 26th for the purpose of attending the congress.—*N. Y. Med. Jour.*

THE ELMS, that prince of hotels, at Excelsior Springs, Mo., is enjoying a splendid patronage during the heated term. Elegant, cool, delightful, and at all times quiet, this palace of sanitariums offers great inducements to those whose health need perfect rest, and freedom from business or family cares. The mineral springs here are nature's aid to bring about a normal condition of the organs of the body, and an analysis of the water shows a wonderful amount of these necessary properties.

THE WORLD'S COLUMBIAN EXPOSITION.—On June 1st a medical bureau, consisting of Dr. John E. Owens, medical director, and Dr. W. H. Allport, Dr. N. R. Yeager and Dr. S. C. Plummer, assistant surgeons, was organized. The bureau began its work, that of attending to the sanitation of the grounds and furnishing medical attendance to the employes, on the 1st of July. A temporary dispensary and emergency hospital have been prepared, and an ambulance service has been provided.

MEMBERSHIP IN THE AMERICAN MEDICAL ASSOCIATION.—This is obtainable, at any time, by a member of any State or local Medical Society which is entitled to send delegates to the Association. All that is necessary is for the applicant to write the Treasurer of the Association, Dr. Richard J. Dunglison, Lock Box 1274, Philadelphia, Pa., sending him a certificate or statement that he is in good standing in his own Society, signed by the President and Secretary of said Society, with five dollars for annual dues. Attendance as delegate at an annual meeting of the Association is not necessary in order to obtain membership. On receipt of the above amount the weekly Journal of the Association will be forwarded regularly.

A CASE OF STUDENT'S CRAMPS.—A good story is told of a young medical student in a northern city, who, in the absence of his preceptor, answered the call of a patient, which subsequently proved to be a case of confinement. On entering the room and finding the lady suffering apparently from "cramps," he prescribed the usual medicine, and was preparing to leave when one of the women present suggested that perhaps he did not exactly understand the nature of the case. The would-be M. D., indignant that his knowledge should be questioned, replied that his diagnosis was perfect, and that he knew his business. "Why," said he, "I saved a *man's* life at the hospital yesterday, that had a worse case of cramps than this lady has."

RESPECT FOR THE DEAD.—Of all the mean, low-lived expressions is that of calling a corpse a "stiff." It sounds so inhuman when applied to the dead. Found a "stiff," or stealing a "stiff" does sound outrageous, and intelligent, refined people ought to frown it down.—*Goshen Democrat.* It might be generally supposed that the word belongs to the vocabulary of undertakers, but such is not the fact. We doubt if there is any class of people who use the term "stiff" as little as undertakers. Coming into the presence of death at a time when the circumstances and surroundings are of the saddest nature, undertakers are most thoroughly impressed with respect for the dead and very seldom resort to light expressions when referring to them. The word belongs to the category of medical students, who generally use it trippingly on the least provocation.—*Western Undertaker.* We fear *The Undertaker* associates with the wrong class of students and that wickedness in the great center of Chicago extends even unto the sacred portals of the medical college.

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— Materia Medica and Therapeutics, Dr. Mitchell Bruce.

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— Eustace Smith, M.D., F.R.C.S.

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News and Miscellany

THE SUMMER COMPLAINT.—"It's hot!"

READ our New York Letter in this issue.

DR. G. C. IRWIN, died at his home in Sabetha, Kansas, July 27th.

DR. CULLIMORE, of Atchison, spends his Sundays at Eagle Springs.

DR. J. A. MCKENNY, has opened an office at Tenth and Olive streets.

DR. J. D. SMITH now occupies a suite of rooms in the Ballinger block.

DR. W. L. WHITTINGTON has removed his office to Felix street, between Seventh and Eighth.

REMEMBER THE HERALD furnishes the finest photo-engravings *free* to illustrate your original articles.

A VERY pretty and substantial blotter has been furnished our office by Bush & Co., the "Bovinine" folks.

DOCTOR, you will find on another page a list of St. Joseph's enterprising druggists. Comment is unnecessary.

THE water-melon and cucumber are getting in their best licks this month, and the average doctor is consequently as happy as his bill is long.

THE editor of a western medical journal apologizes for his lack of matter by saying that "scientific articles are very dull reading this hot weather anyhow."

MRS. RICHARDSON, wife of T. E. Richardson, of New Orleans, has given one hundred thousand dollars to the medical department of Tulane University for a new building.

HAVE you sent in your guess to Dr. Bransford Lewis' enigma yet? If not, do so at once, as September 15th is the limit. See his liberal proposition in another part of this issue.

DR. I. N. LOVE (*Medical Mirror*), of St. Louis, accompanied by his estimable wife and children, has been enjoying a season of rest at the Elms, Excelsior Springs, during the past month.

THE "Three Chlorides" is a familiar term to most physicians. That this elixir is popular and reliable is conceded by all who have ever tried it in practice. Read the announcement in this issue.

THE Secretary and Dean of the Ensworth Medical College are kept busy with correspondence, and indications point to a large increase in attendance the coming session. New features introduced this year will make the course unusually attractive.

A ROYAL ROAD TO CONSUMPTION is not what we are looking for just now, but it seems to have been well paved lately by the abortive "specific" methods employed. Read the article on page 1, this issue, on the subject of tuberculosis, and profit thereby. It is worthy of a faithful trial.

DOCTOR, we hope to meet you at St. Louis next month, during the session of the Mississippi Valley Medical Association. Make up your mind now to attend. Take your family, and afford them the advantage of seeing the greatest city in the west while you are brushing up your medical knowledge.

DR. ED. F. YOUNG, has returned from an extended trip to the Northern Lakes in the interest of THE MEDICAL HERALD. "Doc" says the "hoop-pole" crop is very light this year, but the growth of M. D.'s along the line is something phenomenal, and his long list of subscriptions would indicate that he is right.

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Maltine An extract of Malted Barley, Wheat and Oats, is the most Concentrated and Efficient, and therefore the most Economical of all Malt Extracts.

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ALL matter pertaining to this department, or concerning advertisements, to insure prompt attention should be addressed to the Business Manager . . . . . .

(THE HERALD'S circulation being among a class of physicians who PAY THEIR SUBSCRIPTIONS (and consequently READ each issue), this journal naturally offers the best opportunity to those advertisers who desire to reach the thrifty and progressive practitioners of the West and South.)

THIS Journal is on file at the following agencies, where advertising may be placed at our regular rates, and we invite Eastern Pharmacists to call and examine THE HERALD carefully:
J. H. Bates, 38 Park Row, New York; H. C. Hall, Cincinnati, Ohio; N. W. Ayer & Son, Philadelphia, Pa.; Geo. P. Rowell & Co., 10 Spruce St., New York; J. Walter Thompson, 39 Park Row, New York; Dodd's Advertising Agency, Boston, Mass.; King's Advertising Agency, New York.

DOCTOR, if you would keep posted on new and important remedial agents, read the announcements of the reliable pharmacists in THE HERALD. Several "new faces" appear this month.

"THE LATEST" is the caption of Dr. Gerhard Mennen's card in this issue. The very best way to demonstrate the valuable properties of his Borated Talcum Powder, is to send for a sample and use it, the same as we have done. Sample will be sent free if THE MEDICAL HERALD is mentioned. Address, Dr. G. Mennen, Newark, N. J.

AS AN EVIDENCE of the steady, healthy growth of THE MEDICAL HERALD we point to the numerous new pages of advertising in this issue. When patronage will drop in this hot weather, unsolicited, while the editors, publishers and business manager are all out of town trying to keep cool, it means that this journal is exerting its influence both far and near, while others are suffering from *ennui*.

THE never-tiring representative of a Louisville firm wended his way into our office and presented us with the most widely indicated Alterative Tonic yet offered. After apologizing for giving us a lecture on the "Activity of Iron, Arsenic and Mercury combined" he wended his way on to the next office, feeling satisfied his Three Chloride Elixir would no doubt be prescribed often, and it certainly will.

DURING the hot summer months no greater worry possesses the physician's mind than that of the lack of sleep and rest among his patients. His knowledge and ingenuity are oftimes taxed to find an hypnotic just suited to this or that sufferer's peculiar constitution. A prescription which is now being extensively used in the east, and with good results, is Parke, Davis & Co.'s "Cerebral Sedative Compound," the formula of which appears on their page in this issue.

THE ENSWORTH HOSPITAL desires to express thanks through THE HERALD to all who have so kindly sent donations of any kind during the past month. Among those to whom the institution is especially grateful for medicinal preparations, may be mentioned the following: Imperial Granum Co., infant food; Londonderry Spring Co., Lithia Water; Schumacher Milling Co., oatmeal and farinose; C. N. Crittenton, Hydroleine and Beef Tonic; Caulocorea Mfg. Co., Caulocorea; Malted Milk Co., Horlick's milk; Standard Chemical Co., Quickine; Peacock Chemical Co., Peacock's bromides; Dukehart Brewing Co, malt; Eisner & Mendelson Co., Poluboskos; Antikamnia Chemical Co., Antikamnia; Maltine Mfg. Co,, Maltine; Chas. S. Baker & Co., White Pine Expectorant; Micajah & Co., Uterine Wafers; Drevet Mfg. Co., Peroxide of Hydrogen; Hiram Ricker & Sons, Poland Water.

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THE MEDICAL HERALD

A PRACTICAL MONTHLY JOURNAL OF THE MEDICAL SCIENCES.

HIRAM CHRISTOPHER, M. D., Editor.

ASSOCIATE EDITORS: JACOB GEIGER, M. D., SURGERY; J. W. HEDDENS, M.D., PATHOLOGY

To contributors of Original Articles, a liberal number of copies of the HERALD will be given (or mailed free of expense if addressees are furnished), and the publishers will furnish reprints at cost, application for same to be made when copy is forwarded.

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Volume X. Number 10. | ST. JOSEPH, MO., OCTOBER, 1891 | Sample Copy Free. $2 a Year, in Advance.

ORIGINAL

Hypodermic Medication.

BY M. F. WEYMANN, M. D., ST. JOSEPH, MO.

[WRITTEN EXPRESSLY FOR THE MEDICAL HERALD]

In spite of the frequent use of hypodermic medication there exist, even to-day, practices that we should almost think impossible. In fact, the very construction of the vast majority of syringes shows that the manufacturers have not yet grasped some of the essential points in the making of that instrument.

In the following I shall try to outline briefly the most important considerations connected with hypodermic medication.

A good syringe should have a piston with a "milled" handle to afford a firm grasp to the fingers. Smooth metal favors slipping of the hand, one of the most fruitful sources of unsuccessful injections. The end of the barrel at the handle also should have a "milled" rim for the same reason, although two small rings afford a still better hold. The only objection against the latter is that they make the instrument unsightly and demand a rather large case. The barrel is usually made of metal enclosing a glass cylinder in such a way as to make the interior visible. In some there is but one open face, in others two, in opposite directions. The latter is by far the better plan as the contents can be examined much better when light actually passes through. Held against a dark and a light back-ground alternately the smallest particles of impurities become at once visible.

The recognition of solid particles is important not only for judging that the solution is complete, but also for keeping the needle in good condition. When we consider that clogging usually takes place through small parts of leather detached from the piston, this will at once become clear.

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The most important reform in the manufacture of syringes is to be made in the attachment of the needle to the body. To my knowledge there exists only one pattern, where the base of the needle carries the thread of the screw while in all others it is attached to the barrel. The latter arrangement makes the opening into the barrel so small that hypodermic pellets cannot be dropped into it.

The old method of preparing a solution, which is then drawn up into the syringe, should be discontinued, because it encourages dangerous proceedings. Some carry a standard solution with them and grade the dose by taking up a fixed quantity, as recorded by the graduated piston. Such solutions are all right when fresh, but we all know that, after some time, dissolved alkaloids have a strong tendency to decompose. In the latter case we not only fail to give the proper dose, but we also inject products of chemical decomposition liable to work as local irritants, irrespective of constitutional effects. Making a solution from a tablet for each individual case would eliminate this objection, but just here comes in the gross carelessness of some practitioners. A recent observation will somewhat illustrate this point.

A medical friend of mine, in all respects quite well posted, in attempting to prepare a hypodermic, poured a quantity of water into the hollow of his hand. In it he dropped a $\frac{1}{8}$ grain tablet of morphine and then crushed it with a piece of wood (a match, believe), stirring until all was dissolved. The solution—as much as he could get—was then drawn into the syringe, ready for use. I did not see him wash his hands before this procedure, and even if he had, I myself should have protested against taking such an injection. Now, abscess does not *invariably* follow such carelessness, but it does once in a while, and that is a great deal oftener than is necessary. Still such physicians are surprised when trouble follows.

Fortunately such carelessness is not the rule, for most physicians make their solutions in clean spoons. Still, also here the fluid is often in excess to the capacity of the syringe and the balance is thrown away. How little this agrees with *exact* dosage is clear to every one. Again it is impossible, even with the exact quantity of solvent, to draw up every bit of it, because a drop and more usually clings to the spoon.

Now, with a syringe having an opening sufficiently large to receive a tablet we can simply drop the drug into the water previously drawn up into the barrel. The needle is then screwed on and a little agitation will soon result in the rapid solution of the pellet. Freshly prepared tablets often dissolve before reaching the bottom, and old ones hardly ever need more than a minute or two.

To make the shaking successful a small quantity of air should be left in the syringe, for if filled up completely, shaking will cause no movement of the water. Should the tablet be very old and resist solution unusually long, we can usually break it up by introducing the needle into the barrel and making slight pressure with it. For that purpose the tablet should be moved as near as possible to the opening. By tipping the syringe slightly the drug readily gravitates in any direction. Once broken up into fragments, solution is soon accomplished. This procedure is necessary only with *very old* tablets and when we are in a hurry. Even without this auxiliary measure I have never seen *any* tablet to resist solution longer than three-quarter minutes. Ordinarily the time needed is about two

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to thirty seconds. I know but one syringe which allows of this method. It is manufactured by Parke, Davis & Co., and is a marvel of practical qualities, All *syringes not allowing the introduction of undissolved pellets I consider inferior in the most essential point.* No matter how great the difference in other details, they all should agree in that one, for it affords perfect asepsis, perfect dosage, and ready dissolving, without trouble.

With regard to the needle it might be stated that the thinnest size should always be chosen, although different thicknesses may become necessary for some purposes. With a thin needle the pain accompanying its introduction is almost nil. A sharp point also contributes to this effect. While graduation of the piston is superfluous there should be a collar for tightening the leather of the piston.

Another item of importance is the keeping of the syringe. If it be in frequent use, little care is necessary, for the solutions injected almost all possess antiseptic properties. The first duty is to keep the leather in good condition. This may be done with strong carbolized vaseline, which at the same time imparts softness and flexibility causing the instrument to work smoothly. A hypodermic syringe should never be used for anything but medicating injections. Observing this rule sepsis need not be feared even in the absence of antiseptics, because an aseptic condition requires no such agents. However, if, as I have had occasion to observe, the same syringe be used for aspirating the purulent contents of tuberculous glands, etc., we need not be surprised over bad consequences. After every injection, the needle should be emptied by sucking or blowing, because the presence of fluid favors the occlusion of its lumen by oxidation.

If the injection be made at the proper place, the quantity of solvent has little influence; but when it is thrown under the skin where closely adherent to the subjacent tissues, the quantity should be limited. This, of course, refers only to the solvent, not to the medicinal principle. In the upper arm I have, for the sake of experiment, injected in myself as much as four drachms without the least discomfort or after-effects. I believe that double that amount, and more, would pass just as easily. In other places, where the skin is closely bound to the parts below, large quantities become painful on account of the rather small and unyielding meshes of the cellular tissue. However, even the same quantity in the same place may cause very different sensations. If the barrel is emptied quickly and with force, the sudden distension becomes painful, while a slow, though uninterrupted, discharge is not felt at all.

Some physicians only employ water sterilized by boiling for hypodermic use. That is, of course, a very safe way, but by no means necessary. Ordinary drinking water is sufficiently aseptic, especially if derived from a flowing supply. Still it contains one of the most potent causes for provoking abscess—dirt. During the high water period of the Missouri river I made some control-experiments to determine the hurtfulness of the mud suspended in it. A tumbler full of this water would, on standing, deposit a solid layer of impurities from one to three lines. Besides the dirt, microscopical examination showed a large number of bacteria, but no pathogenic forms being present, they would not enter into consideration. However, to avoid the objections of the hypercritical, I boiled the fluid before using, thus eliminating all possible errors as far as micro-organisms are concerned.

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Boiling had caused the precipitation of the mud. I therefore, agitated the water violently to remix the particles evenly, and then made two injections in the upper arm, and one in the forearm of the right side. A like number of injections was made in corresponding points of the left side, but with water previously filtered. Also the syringe was carefully cleaned before using it with the clean water. The difference in reaction was striking.

The left arm showed no annoying symptoms at all, except the ordinary tenderness over the point of puncture for about thirty-six hours. In the right arm considerable redness and swelling supervened. Then came an almost unbearable itching to which I yielded. I scratched like a Hottentot, but the more I scratched, the more I itched. A great deal of œdematous swelling with distinct pitting on pressure appeared. At this period I thought it might be well to stop my feline tendencies. Washing the parts with a five per cent solution of carbolic acid eased up the itching sufficiently to help my will power to victory. Still I know that I had a very narrow escape from at least three abscesses. A strange fact is that, even after many days, scratching gave me an enormous satisfaction, although there was no active itching. In fact, so gratifying was the sensation, that I sent forth a truly porcine grunt with every scratch. This condition I attributed to the subacute dermatitis still remaining.

To-day I still feel in two places of the right arm two distinct knots at the place of injection. I consider them organized inflammatory products thrown out for encysting the dirt, all of the latter having been retained at the point of the syringe through the filtering action of the connective tissue. In the third place the dirt seems to have diffused with the liquid; at all events, no thickening could be made out.

From this it becomes clear that impurities are a dangerous enemy on account of the irritation which they cause. To free the water from them, it should be filtered. Every physician can do so without any trouble or loss of time. A small quantity of absorbent cotton is formed into a nest into which the water is poured. The filtration is both rapid and perfect.

With reference to the place of injection some very peculiar opinions prevail. Some go so far as to inject always directly over the seat of the pain when administering analgesics. Now, when in this manner the parts actually affected can be reached by, and bathed in, the solution, a local effect is possible, but in no other way. To inject over the abdomen when there is trouble in its cavity implies very primitive conceptions. In the great majority of cases the effect is obtained through the constitutional influence of the drug and for that reason hypodermic medication should be administered where most convenient and least painful.

The places are determined by the thickness of the skin and the closeness of its adherence. The thicker it is, the more painful the piercing becomes; again firm attachment makes the emptying of the syringe hurt a great deal. A thin and loose skin therefore offers the place most desirable for injections. Both these conditions are found in an ideal degree along the postero-internal surface of the upper arms. Also the anterior surface does very well. Next comes the front aspect of the fore-arm and then the skin covering the inguinal folds. The latter place is often ineligible from reasons evident to every one. In women the skin is rarely as thin as in man owing to the thick layer of subcutaneous fat.

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The injection consists of two acts: piercing the skin and emptying the syringe. The former ought to be done with a light swinging motion of the arm causing the needle to enter with one quick and plunging effort. The syringe should be grasped firmly, but so as to allow a slight rotation around its long axis as the needle enters, otherwise there is danger of breaking the needle. Under no circumstances should we push the needle in with repeated efforts, as if we wanted to force a rebellious pin through a more rebellious piece of canvass, for such a proceeding is exceedingly painful and calculated to bring into disrepute hypodermic medication. Some grease the needle with a little carbolized oil. This measure is harmless and does make the penetration of the point easier, but with a skillful injection it is superfluous trouble. Deep injections into the muscular tissue cause a great deal of suffering and considerable reaction. They should not be practiced. Drawing back the needle a little before injecting is, in my estimation, a useless precaution. If a vein is pierced we do not in that way necessarily avoid injection into it, but the manœuvre may actually bring about the very thing a person wants to avoid. Moreover, venous puncture does not imply any danger, even if there be considerable effusion of blood.

Before piercing the skin pinch up a large fold and stretch it well. This will afford plenty of surface and create a space into which the physician can plunge the needle without any fear whatever of wounding other parts. If the skin be moist so as to slip from the finger, a handkerchief placed between them and the skin will effectually prevent this trouble. While it is very safe always to wash the part with soap and water, or perhaps some antiseptic, this precaution becomes superfluous in persons of clean habits. The emptying of the barrel should be slow and without interruption. Rapid distention of the subcutaneous connective tissue is sometimes very acutely felt by the patient. Continuous discharge is desirable, because interruptions usually result in oscillations of the tip of the needle, which is liable to meet objection from the patient on account of the suffering which it produces by scratching the tissues beneath the skin.

114 South Eighth Street.

Chronic Non-Suppurative Inflammation of the Middle Ear.

By H. CHRISTOPHER, M. D., St. Joseph, Mo.

(Read before the American Rhinological Society.)

I do not presume to think that I have anything new or of special interest to offer on this subject. It is one with which all present are doubtless familiar; yet the time may not be unprofitably spent if no more is done than to confirm conclusions already attained, and thus to assure ourselves that we are not pursuing an erroneous course, or aiming at things impossible. We may turn a subject over in our minds many times and view it under different and various aspects, and come to see it under a different light by so doing, and in the end find some things that we had before overlooked. Nothing new may be discovered, but we may be all the more assured of the fact that we have not drawn hasty conclusions. So now, if I

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should succeed in doing nothing more than turning the subject over and around again, you may be able, by suggestion, to see it in a clearer light than I do. Sometimes more is accomplished by suggestion than by statement; and if I can accomplish this much, this infliction may not prove intolerable.

I presume that non-suppurative inflammation of the middle ear is the most common trouble in the ear that we have to treat under the complaints of impaired hearing and unpleasant and annoying sounds in the ears. And we find that in the great majority of cases that this condition of the tympanic cavity is associated with pharyngeal and post-nasal so-called catarrh, and, indeed, so frequently that we would naturally regard the diseases as closely and genetically connected, a conclusion that finds corroboration from the results of the treatment employed. We may, therefore, safely regard chronic inflammation of the mucous membrane of the pharyngeal and post-nasal space as the proximate cause of the like inflammation in the same membrane lining the tube and tympanic cavity. But it is not sufficient that we have a knowledge of the proximate cause; we must know the more remote cause, that which gives rise to pharyngeal inflammation; because the inflammation in the pharynx and post-nasal space may have its cause, not in the local inflammation of these circumscribed parts, but elsewhere. The local inflammation may begin in the pharynx and extend upward and forward in the nares, or it may begin in the nares and extend to the mouth and cavity of the Eustachian tube, in the inflammation of whose membrane we find the more immediate cause of the aural trouble, whether of sounds simply, or of impaired hearing, or both. But in cases where the Eustachian tube becomes involved, it does not matter, practically, whether the inflammation began in the pharynx or nasal spaces. The condition of the membrane is practically the same, and the treatment is the same. Location makes but little difference in the treatment.

The fact that pharyngitis may exist for years, indeed, and the inflammation extend to the post-nasal spaces, without occasioning any aural trouble, is no proof that the inflammation of the mucous membrane of these parts has no connection with the trouble in the ears. The latter does not occur until the membrane of the tube becomes involved; and when the inflammation does extend into the tubes, impaired hearing will occur, if the proliferated condition of the membrane partially or intermittently closes the tubes. This tube acts, as respects the hearing, like the hole in the side of a drum does in the clearness of its tones. The tympanic cavity is analogous to the cavity of the drum. The Eustachian tube being closed, the pressure of the air on the tympanum dips it and prevents its response to the waves of sound; the tube being pervious, the air enters the middle ear on deglutition, and counteracts the external pressure on the membrane, and thus renders it responsive to wave sounds. In such a case, we have normal hearing so far as this structure contributes to it. It is supposed that fully four-fifths of the cases of impaired hearing are to be ascribed to this cause. Hence, one of the sequelæ of chronic inflammation of the mucous membrane lining the middle-ear cavity is impaired hearing in different degrees.

These things being true, the indications for treatment are few and simple, and may all be considered as embraced in one: cure the inflammation of the mucous membrane of the parts involved. To do this, we must know the cause and sequelæ

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of the inflammation, so far as the cause continues to act and the sequelæ to remain. If the cause has ceased to act, we have to deal only with the sequelæ which may be considered as constituting the body of the existing inflammation, chronic in character and effects.

In the nares, the membrane is observed to be red, swollen and thickened, and the turbinated processes more or less enlarged. In the pharynx, the same condition is observed with the addition of enlarged blood-vessels, patches of mucous follicles or glands, and an uneven surface of the posterior part of the pharyngeal mucous membrane, so marked as to show distinctly the presence of sulci. The inflammation extends to the velum, arches and tonsil glands, and into the posterior nares and to the sides and vault of the pharynx in aggravated cases. Sometimes the oral surface of the velum palati, and extending forward, is inflamed, and has numerous blood-vessels very distinct, and studded with miliary-like glands, the surface of the membrane involved presenting a yellowish tinge. Though this condition of the membrane covering the velum and posterior surface of the vault of the mouth is not a constant attendant on the pharyngeal inflammation, it is mentioned here to emphasize the cause of this state of things, and especially its pathology. The treatment of this morbid state of the parts involved is reserved until we have considered Chronic Pharyngitis. This we shall do in another paper. The local treatment is, of course, by the spray method, and with this you are all familiar; only that I now use a spray producer which I have designed and which is specially intended for treating the sides of the inferior nasal and pharyngeal spaces, in order that the mouth of the tube may be swept of all muco-purulent matter, before resorting to inflation of the middle ear. With these spray producers I have, in many instances, succeeded in spraying the Eustachian tube and tympanic cavity, sometimes without and sometimes with deglutition. Indeed, with these instruments, nearly or quite the whole of these surfaces can be treated with the spray, as shown by the exit of the spray from the nostril not treated. The appearance of the spray from the opposite nostril is also evidence of a more thorough opening of the nasal passages as the treatment proceeds. Besides, in a few cases when the tongue can not be controlled for the more direct treatment by other spray-producers, the pharyngeal cavity can be successfully treated with these instruments.

The fact has afforded no little encouragement and greatly added to my confidence in the remedial measures employed that very few cases have left me unimproved or not cured; the younger cured, and the older benefitted, even in persons who have attained their three-score years and more. But in all these cases general treatment has done as much as the local, and possibly more. This general treatment will be given in the paper on Chronic Pharyngitis.

As respects the completeness and permanency of the good results obtained, in a not few instances, I have found them greater than I expected. But, *mutatis mutandis*, we should not expect any better, or more permanent, results here than elsewhere; for their causes cannot be so well avoided, or at least, are not, as in other cases. But treatment continued at intervals demanding attention, will, in a few years, place the party in a condition in which he will experience but little, if any, of the annoyances arising from an inflamed membrane; only, that much can not be hoped for when the inflammation has greatly impaired the hearing, the reasons for which are obvious.

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Infiltrating Glioma of the Brain—Report of Case.

By C. H. WALLACE, M. D., and F. C. HOYT, M. D.,

(Assistant Physicians Asylum No. 2, St. Joseph, Mo.)

Clinical history by Dr. Wallace. J. H., age 34, single, male, admittedd into Asylum No. 2, August 6th, 1889. The patient had been addicted to the moderate use of alcohol and the excessive use of tobacco for some years. He had two aunts who gradually went blind in middle life, this being the only exception to a good family history. He had been a robust, hard-working farmer up to two years before admission, when he, with no apparent phyisical disease, was observed to be failing mentally. He lost interest in the ordinary affairs of life, was stupid and dull of comprehension. About February 8th, 1889, some months after the manifestations of these symptoms, he began to have convulsions. These increased in frequency and intensity, and were accompanied by a gradual impairment of sight. His condition upon admission was as follows: Physical condition good; muscular system well developed, but motility somewhat impaired. His movements were sluggish and gait rather uncertain, although not particularly characteristic. Sight in both eyes completely gone; an ophthalmoscopic examination made at this time by Dr. R. E. Smith, showing atrophy of both nerves. His hearing was apparently impaired, though it was difficult to determine whether this was really due to deafness or to mental apathy. Cerebration was very slow. Upon being interrogated he would hesitate for some time, but would finally answer to the point. No defect in speech was noticed, with the exception of a tendency to dwell unusually long on each word, separating the syllables and apparently selecting his words with some difficulty. His articulation was perfect, and the defect of speech was aphasic in character. From the time of the patient's admission in August until the latter part of September, his condition was stationary. At about this time he had several seizures, which were fits of unconsciousness rather than convulsions, being accompanied by very little convulsive movement, and followed by increased drowsiness and stupor. Later he began having ocular hallucinations, thought he saw strings and threads in front of his face, and attempted to draw them away; had the delusion that he was driving his oxen, calling out to them, making motions as though using a whip, and performing the usual movements in connection with such an occupation. Upon being questioned he explained his actions, saying that he was driving a yoke of oxen. He also had some auditory hallucinations of an indefinite character. At this period of the case the diagnosis of a brain tumor of the left cerebral hemisphere was made, although from the obscurity of the case no satisfactory localization was made. Later, from the lowered irritability of the respiratory centers, mucus accumulated in his air-passages to such an extent that it looked as if this interference with respiration would certainly cause an immediate fatal termination of the case. He, however, gradually improved in a general way, respiration became less obstructed, and he was up and about the ward until November 2d, about two months after his former seizures, when he had another series of similar attacks. He now vomited frequently, for the first time in the history of the case, and his air-passages again

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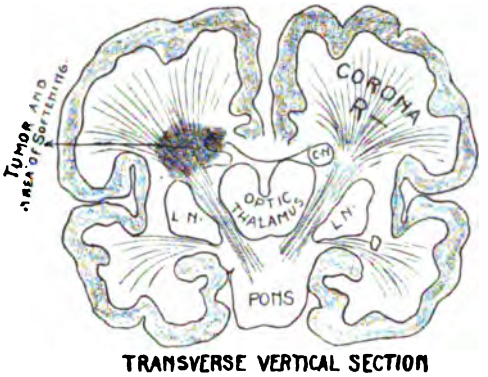
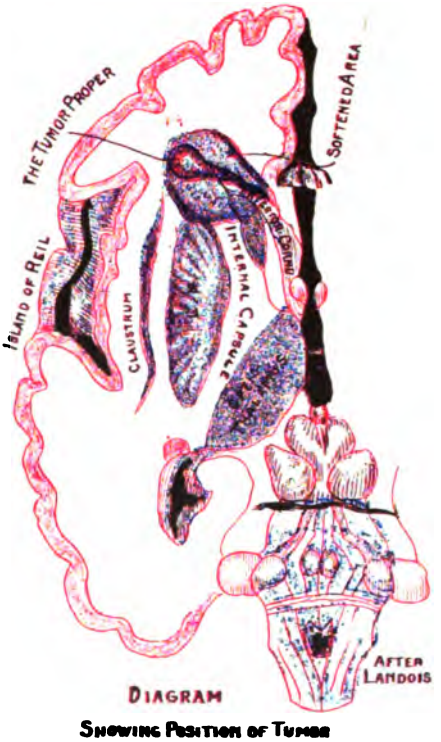


TRANSVERSE VERTICAL SECTION



DIAGRAM

SHOWING POSITION OF TUMOR IN LEFT FRONTAL LOBE.

[The Medical Herald is indebted to The Alienist and Neurologist for the use of above engravings.]

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filled up with tenacious mucus which he expelled only when almost asphyxiated. At this time deglutition was somewhat interfered with, and he took liquids only. He gradually grew worse; was stupid and drowsy; slept twenty hours out of twenty-four, and when aroused would immediately relapse into sleep. He now became unable to stand alone, although no complete paralysis was observed in any part of the body, yet there was a general partial paralysis of all voluntary motion. There was considerable hyperæsthesia of both lower limbs, slightly more marked on the right side. Impairment of motion was marked in both legs, though the right suffered slightly more than its fellow. The arms were much less affected than the lower limbs. At this juncture it is well to note that at no time in the history of the case was headache observed, although the patient was frequently questioned in reference to that symptom. For two weeks prior to his death, his neck was very rigid, and any movement of the head seemed to give the patient great pain. A few days before death, he became practically helpless, and died in coma—seven months after admission, and twenty-five months after first appearance of symptoms. From the time of admission it is remarkable that the nutrition of the patient suffered very little, and at the time of his death he was in a well nourished condition.

Pathological report, by Dr. F. C. Hoyt. Autopsy eighteen hours after death, rigor mortis developed, body well nourished. The calvarium was very thin and friable, the inner surface soft and roughened. The dura mater was healthy throughout and was not adherent. The brain weighed forty-eight ounces, the sulci gaping and the convolutions somewhat flattened. The pia-arachnoid was normal throughout. No softened or otherwise diseased areas were found by inspection of the cortex, but on palpating the surface of the hemispheres a tumor was felt in the anterior and lower portion of the left frontal lobe, at about the site of the middle frontal convolution. By careful dissection the tumor was exposed and found to be situated in the location described, well beneath the cortex, in the centrum ovale. The growth was about the size of a black walnut and was soft, in some portions almost mucoid in consistence, and grayish white in color. It was not distinctly outlined from the surrounding parts in all directions, but seemed to infiltrate, its contour being more easily determined by its color than its consistence. The tumor was surrounded by an area of softened white matter which was partly diffluent. The growth was found to extend from the centrum ovale majus into the anterior cornu of the left lateral ventricle. Here a gelatinous layer of the tumor was found over the floor of the ventricle, as far back as the anterior portion of the optic thalamus, and was traced through the foramen of Monroe, into the right lateral ventricle where a small formation was observed. In the left ventricle the tumor was attached to the caudate nucleus and the pillar and anterior portion of the body of the fornix. These bodies were considerably softened. The area of softening about the tumor involved the anterior limb of the internal capsule and the anterior portion of the lenticular nucleus. At no point was the cortex directly affected by the tumor or the softening. Both lateral ventricles were distended with fluid and a large amount was found at the base. The other portions of the brain presented no changes other than those due to the pressure of the fluid. The lungs were œdematous, heart and kidneys normal.

Microscopical examination. A microscopical examination of the tumor showde

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it to be a soft structure, stroma scant and interstitial matter abundant. Small cells with indistinct bodies and oval nuclei, mixed with large round cells with large distinct nuclei were the characteristics of the growth, and lead me to place it among the soft or infiltrating gliomata.

In addition to the fact that this case contributes to the statistics of brain tumors, I regard it as of especial interest from several points of view. Tumors of the centrum ovale usually are so situated as to involve the overlying cortex, and therefore give rise to cortical symptoms in a degree corresponding to the nearness of the approach to the cortex, or their indirect influence by pressure. In this case, however, there seemed to be no implication of the cortex overlying the tumor, and had there been, more marked local convulsions should have been observed. The interference with speech was probably due to the interruption of the fibres from the third frontal convolution. The absence of headache, a symptom generally regarded as one of the most constant, was a feature in this case. Dr. C. K. Mills, while asserting that headache is one of the most frequent and positive symptoms of brain tumors, cites, out of one hundred cases, five in which it was absent, and in three of these the tumor was gliomatous. These tumors, and especially the soft variety, exert comparatively slight pressure, and are therefore less liable to cause pain.

Vomiting, also a prominent symptom of cerebral neoplasm, was observed very late in the history of the case, was transient and at no time severe. It is, as a rule, those tumors situated in the antero-frontal region which are the least prone to cause vomiting, and when it does occur is explained in many cases by the theory of Ferrier ("Brain," 1879) as due to "irradiation of irritation." The atrophy of the optic nerves in the case was a symptom of importance in making the diagnosis and adds emphasis to the well-recognized necessity for the use of the ophthalmoscope in the diagnosis of brain tumors. The physical qualities of patients with brain tumors, vary both according to the seat and size of the tumor. Cases under my own observation have varied from the intense excitement of acute mania to the apathy of dementia. The mental symptoms in this case were of a mild character, being described better as a "mental dulness, inability to perform continuous mental action, an impairment of the faculty of attention, and a general apathetic, stupid and drowsy condition." An array of symptoms such as these is credited by many writers, such as Wood, Gowers and Ferrier, as being indicative of disease in the antero-frontal regions, and our case bears out this statement. The fact that the nutrition of the patient was not seriously impaired by the cerebral disease is, according to Gowers, indicative of a gliomatous tumor. The growth, situated as it was, is corroborative of the views held by the same author, in that lesions of the lenticular and caudate nuclei do not necessarily cause paralysis, and that any paralysis which occurs at the outset of acute lesions of these parts is due to interference with the motor fibres in the internal capsule. Also that diseases limited to the anterior portion of the internal capsule, not involving the angle, does not cause any definite symptoms, and I think also negatively confirms the belief that the principal motor paths pass at the angle and in the posterior limb of the capsule.—*The Alienist and Neurologist.*

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INSOMNIA.

SLEEP, poetically expressed, is "Life's nurse sent from Heaven to create us anew from day to day." It is, indeed, "Tired Nature's sweet restorer."

Insomnia may be dependent upon derangement of the nervous, circulatory, respiratory or urinary organs, the alimentary tract, the liver, or upon febrile or general disease. It may also be caused by unhygienic conditions of heating, lighting, ventilation, diet, occupation.

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From recent investigations and experience of eminent cliniciens we are led to believe that ZINC SULPHO-CARBOLATE is the ideal intestinal antiseptic for adminstration in TYPHOID FEVER, INFANTILE DIARRHŒA, CHOLERA INFANTUM, and all allied diseases, where an efficient antiseptic, combined with a mild astringent and stimulant action is indicated.

We quote the recent articles from able cliniciens, published in THE TIMES and REGISTER during the last year:

"Since 1888, I have used this drug in every case of typhoid fever treated by me. These cases, excluding those in which the diagnosis was not certain, and those in which the sulpho-corbolate was not employed until a late stage, number over one hundred. All of these recovered. All the doubtful cases recovered. The number and proportion of abortive cases treated by me in the same period, and not included in this list, were very large. The specific effects of the drug upon the symptoms were as follows: The fever fell from one to two degrees as soon as the stools became inodorous. This has been an invariable effect; and as this fall brings the case out of the limits recommended by Brand as suitable for the cold bath treatment, this result alone would warrant us in the use of the sulpho-carbolate." *William F. Waugh, M. D., in the Times and Register.*

"In 1889, I treated about seventy cases of infantile diarrhœa and cholera infantum with the sulpho-carbolate of zinc, pepsin, bismuth and opium. The zinc was given in one-quarter to one grain doses every three or four hours, and with uniform good results in every case."—*W. G. Stewart, in The Times and Register.*

"From the first dose of sulpho-carbolate of zinc, with bismuth and opium combined, in two cases of typhoid fever in the third week, the irritability of the stomach was relieved, and the stools lost their fetid odor in twenty-four hours' time. I then gave cinchonidia every four hours, and in eleven days my cases needed no more attendance. These were cases of typhoid abdominalis. Regarding the diarrhœa of children I think it is the *remtendere* (or thing intended)."—*Dr. George Grove, in The Times and Register.*

"I have seen many cases that presented the typical symptons of incipient typhoid, which were aborted by the administration of two-grain doses of the sulpho-carbolate of zinc every three or four hours."

"In summing up the whole subject, entirely from a clinical standpoint—not a theoretical one—I am more than ever convinced of its usefulness and value in summer complaints and septic fevers."—*William Blair Stewart, in The Times and Register.*

We offer to send to any physician samples of our Zinc Sulpho-Carbolate Pills, together with a full reprint of the articles from which we have quoted, giving an intelligent and able *resume* of the therapeutics of this most valuable remedy sustained by abundant clinical experience.

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SOCIETIES

Meeting of the Missouri Valley Medical Society.

REPORTED BY DR. M. F. WEYMAN, ST. JOSEPH, MO.

It is true that Council Bluffs cannot be classed as a large city; still there prevails among its medical men a spirit metropolitan in every sense, a spirit that could not be improved upon even in our largest medical centers. Large cities may, perhaps, make a better show to the eye, but they do so only through their greater numerical strength, not through a better professional spirit.

There dwells among our confreres of Council Bluffs a unanimity of purpose, an *esprit de corps* that cannot be surpassed anywhere. The elegant banquet arranged by the local society for their numerous guests bore evidence of their united action. When we consider the small membership of their society, it can be easily understood that such festivities implied a large levy on each individual member. It is not necessary to add that an enthusiasm which does not shrink from trouble or pecuniary sacrifice must be genuine.

It would, perhaps, be interesting to mention a few facts of general concern in connection with the town. The city practice seems to be pretty evenly divided between the regular and the irregular practitioners. Of the latter homeopathy comes in for the lion's share. In fact, it is asserted sometimes, that a certain homeopath has the largest practice in the town. However, the more general opinion assigns this place to Dr. Macrae, the witty Mayor of Council Bluffs. He has been the chief officer of the municipality for nearly two years, and through his influence the splendid assembly hall in the post office was secured for the Association. However, in spite of his good qualities he is suspected of the heinous crime of being worth $200,000 in good American currency, but in consideration of his hard and laborious start no one begrudges him his mammon. Until lately, Dr. Thomas, secretary of the M. V. M. S., has been in active partnership with Dr. Macrae. Owing to the graduation of Dr. Macrae, Jr., however, this partnership has been dissolved. Although a comparative stranger in the city, Dr. Thomas is growing fast in favor, and his indefatigable efforts and faithful work indeed deserve the reward.

At 7 o'clock P. M., of the 17th day of September, the Society was called to order by its president, Dr. Richmond, of St. Joseph, Mo. The subjoined programme was then followed with the exception of essays 3 and 4 of the first day, and 2, 3, 5 and 15 of the second day, which were not read owing to the absence of the authors:

FIRST DAY.

7:00 p. m.—Registration; Payment of Dues; 7:30 (a)—Organization; (b)—Report, Committees on Credentials and Elections of Members; (c) Reading Minutes of Last Meeting; (d)—Report, Committee of Arrangements; (e)—Miscellaneous Business; Presentation of Papers.

PRESENTATION OF PAPERS—1. Neurasthenia Treated by the Keely Method, a case, by Dr. W. F. Milroy, Omaha, Neb.; 2. Pseudo-Experts in Lunacy, by Dr. S. Grover Burnett, Kansas City, Mo.; 3. Gratuities, Wrongfully Bestowed, by Dr. J. F. White, Council Bluffs, Iowa; 4. Amaurosis Fugax, Report of a case, by Dr. G. A. Wall, Topeka, Kansas.

10:30—Banquet at The Grand; Toasts and Responses; Toast Master, Dr. Macrae. Adjournment.

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SECOND DAY.

9:00 a. m.—Report of Committees.

PRESENTATION OF PAPERS—9:30. 1. Volvulus, Recovery Without Operation, by Dr. Rebecca Hanna, Red Oak, Iowa; 2. A Form of Chronic Septicemia not heretofore described, by Dr. W. H. Bryant, Savannah, Mo.; 3. The Importance of Constitutional Treatment in Diseases of Nose and Throat, by Dr. Daniel Morton, St. Joseph, Mo.; 4. The Prevention of Disease of Women, by Dr. J. P. Lord, Omaha, Neb.; 5. Liquid Albolene as a Menstruum in Treatment of Nose and Throat, by Dr. Hanau W. Loeb, St. Louis, Mo.; 6. Elephantiasis, a case by Dr. Donald Macrae, Council Bluffs, Iowa; 7. Omaha's "Remarkable Case" of High Temperature, an undoubted Hysterical Fake, by Dr. J. E. Summers, Jr., Omaha, Neb.; 8. Hip Disease, by Dr. Joseph Neville, Omaha, Neb.; 9. Thrombosis and Embolism, by Dr. H. B. Lowry, Lincoln, Neb.; 10. Observation in the Weather Service on the Etiology of Catarrh and Catarrhal Deafness, by Dr. Geo. Wilkinson, Omaha, Neb.; 11. Lupus of the Eyelids and of the Ear, treated by Koch's Lymph and Excision, by Dr. H. Gifford, Omaha, Neb.; 12. A Case of Acute Glaucoma, by Dr. D. C. Bryant, Omaha, Neb.; 13. Hernia Radically Cured, report of case, by Dr. Geo. Freeman, Omaha, Neb.; 14. Cataract from Lightning Stroke, by Dr. W. C. Pipino, Des Moines, Iowa; 15. Rheumatism with Special Reference to Treatment of Chronic Forms, by Dr. J. M. Barstow, Council Bluffs, Iowa; 16. Election of Officers and Miscellaneous Business.

Quite a number of new members were admitted, but the gain was greatly reduced by the dropping of the names of all those members who had failed to pay their arrearages in spite of due notification by the secretary. According to the statement of the secretary the actual membership at the present moment amounts to 286. The financial condition of the Society seemed excellent, there remaining in the treasury $423.55 after deduction of all the expenses of the preceding year.

The paper of Dr. S. Milroy resulted in a very animated discussion of the so-called "Keely treatment." We are sorry to say that the Society did consider it worth while to discuss a mode of medication of which the members did not even know the "curative" substances. Although a few seemed bewildered at the wonderful cures, the vast majority placed the matter where it belonged, namely, in one and the same category with Christian science, faith cures and hysterical disease. While this view shows at once that the medication is a fraud, they must at the same time admit that certain affections are curable in that manner. The result will be that Keely will do more work than ever, because the people want a cure and do not care a particle for the *modus operandi*, whether scientific or whether fraudulent. There is but one way of treating such questions: Not to touch upon them at all, to ignore them.

At 11 o'clock P. M., the banquet began. It was given in the Grand Hotel, and right here we want to say that no hotel better deserves its name than this one. It is a marvel of architecture and its interior is of incomparable finish. In fact, it is said that it is the finest hotel west of Chicago. During the first part of the banquet absolute silence was observed. Only the metallic sounds of forks, knives and spoons became audible, mingled with the busy grinding of active molars. Everyone seemed to relish the appetizing repast, and some one even mourned the fact that he did not belong to the ruminants, at least during that night. Gradually, however, the ventricular walls began to distend and the abdominal covers moved visibly forward, carrying with them the snowy napkins. The desire for talking returned, and Dr. Macrae turned on the switch by calling for toasts.

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Dr. Mansfelde spoke on the subject of medical societies. His views were exceedingly practical, although somewhat unpoetical. The first duty of medical societies, in his opinion, was to feed the hungry visitors and to give the "city experts" a chance to get acquainted with the country doctor. As a consideration of secondary importance came in the rest which medical conventions afforded the doctor from his daily labors. He thought that exchange of ideas, too, might be of some benefit.

Dr. Denise spoke on medical journalism, with a strong emphasis on the *Omaha Clinic*. Some forty years ago, he said, the medical editor was looked upon as the oracle of the healing art, but these things had changed of late on account of the wide and general diffusion of medical knowledge. He urged all members to become writers and record the interesting phases of their experience. In the course of his remarks he developed the startling fact that the *Omaha Clinic*, even up to date, had remained a money-losing undertaking. He did not, however, announce its discontinuance, but revealed his great philanthropic heart by the surprising disclosure that the *Clinic* would be continued for "your" good and of the physicians at large.

Dr. Stone eulogized the country doctor in glowing terms and wound up his oratorical efforts with the bold declaration that he, too, belonged to that great class of hard-working and well-prepared physicians. The doctor, before practicing in Omaha, spent some time in Hastings, Neb., where he went through the hardships of medical work in the country.

The toast-master now called on Dr. Gapen for a few words on the professions. He indirectly offered an apology to the Society for the choice of this subject, and was willing to admit that outside of medicine there really was no profession, but inasmuch as we occasionally meet the others, it would be well to briefly allude to them. Dr. Gapen then made a few remarks on what he called the trinity of the professions—medicine, law and theology. He thought that the minister "had the bulge on the rest of the fellows," because he had another life to work in. From this we inferred that Dr. Gapen has no intentions to hang out his shingle "on that beautiful shore over there."

Dr. Christie responded to a call of the toast-master for a few remarks on "the Doctor in Politics." He thoroughly urged physicians to take an active part in politics, although not necessarily with a view of getting an appointment. He thought that physicians, from their prominent position in social life, could wield a powerful influence in politics. In fact, the laws of Iowa and Nebraska for the regulation of medical practice were the work of the doctors. He also pointed out how the citizens of Council Bluffs, when they could no longer trust the corrupt machinations of local republicanism and democracy, picked out their present mayor from the honored profession of medicine.

Dr. Richmond, of St. Joseph, in his toast on the M. V. M. S., incorporated a few words of advice in his capacity as president. While he was pleased to see the Society come to the front so rapidly, he believed that some little innovations would still more promote the prosperity of the Society. The term of the president ought to be extended, because it was difficult for any member to direct impartially and successfully such a meeting. Just about the time when the officers began to understand their work, they were replaced by men equally inexperienced. At least

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one officer should hold over so as to assist the new government with his experience. The secretary, in his opinion, should be paid, because the work was hard and continued to increase—he also recommended that the number of annual meetings be reduced from three to two. After a few more remarks he congratulated the Society on its prosperous growth and expressed the hope that the future would add still greater glory. In this connection it might be mentioned that, in his capacity as president, Dr. Richmond made a thorough success. His rulings always were prompt, decisive and impartial.

We here insert the *menu* for the benefit of those of our readers who did not get anything of it.

℞

Oysters Raw.

Celery, Olives,

Cold Chicken, Tongue,

Saratoga Chips,

Punch Esculapius,

Chicken Salad,

Vanilla Ice Cream, Cake,

Fruit,

Coffee.

The second day was spent in the reading and the discussion of papers. The Society was called to order at 9 o'clock in the morning and continued in session until 12:30 P. M., when an intermission of about one hour was given for dinner. The afternoon session was not quite so well attended as the preceding work. The departure of some members on afternoon trains and the gradual decline of interest was partly responsible for this fact, but the principal reason was the almost unbearable heat. The thermometer at one time showed 93 degrees in the warmest part of the room, although the temperature was much lower near the windows. Many members stayed in the hall to keep cool. With the doors thrown widely open they could hear almost all of the work.

The subject chosen by Dr. Milroy, of Omaha, seemed to create more general interest than any other essay; at least the discussion elicited became so general that the greater part of the morning was taken up with it. Frequent reference was made to Dr. Potter, of Buffalo, whose paper recently appeared in the MEDICAL HERALD. The paper of Dr. S. Milroy referred in its main points to the faulty methods of higher education for females, the neglect of hygienic measures about the age of puberty, the hurtful influence of modern fashionable dressing, the carelessness in the management of labor and the indifference of some practitioners to repair what damage may have occurred, the enormous frequency of abortions, etc.

Dr. Macrae gave the Society a clinic on elephantiasis. The case was a well-marked one. The doctor had attempted no treatment besides healing up occasional ulcers. From the appearance of the case it seems possible that ligation of the femoral artery might cause a definite cure.

Omaha's case of high temperature was discussed next. Clinical charts were passed around in which markings occurred up to 150° F. Dr. Summers had entitled the subject in his paper as "a hysterical fake." The first thing, therefore, was a call

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for the definition of the word "fake." After this had been satisfactorily settled the debate began. A great many members took part, and while perhaps little instruction was derived from it, it certainly caused a great deal of merriment.

Dr. Macrae thought that, outside of the Omaha folks, nobody had ever believed the report and, in his opinion, they only kept up the talk to boom their town. However, the discussion elicited one fact: there were many reputable physicians who had watched the taking of the temperature and seemed willing to acknowledge the clinical record as true, so far as the thermometric figures were concerned. On the other hand, they seemed reluctant to admit that the temperature recorded was a true expression of the body temperature of the patient. The mystery was how the thermometer could show a degree of heat which did not actually exist. The two possible sources suggested were faulty manipulation of the thermometer or a trick on the part of the patient.

Dr. Neville, of Omaha, gave a good paper on hip disease.

A very interesting case of lupus, treated by Koch's lymph was reported by Dr. Gifford, of Omaha. The doctor came to the conclusion that "Kochine" was not a true curative for lupus, although it might cause temporary amelioration.

A very practical paper was read by Dr. Bryant, of Omaha, reporting a case of acute glaucoma which had been treated for iritis, he strongly emphasized the points of differential diagnosis. When we consider the enormous damage that may result from atropine instillations in glaucoma, we must at once admit that such a paper is worth thousands of pages of speculative theorising.

The election of officers for the coming year resulted as follows:

President, Dr. Mansfelde, Ashland, Neb.

First Vice-President, Dr. Jos. Neville, Omaha, Neb.

Second Vice-President, Dr. Lewis Schooler, Des Moines, Ia.

Secretary, Dr. F. S. Thomas, Council Bluffs, Ia.

Treasurer, Dr. T. B. Lacy, Council Bluffs, Ia.

Chairman Committee of Arrangements, Dr. H. B. Lowery, Lincoln, Neb.

Chairman Committee on Credentials, Dr. R. M. Stone, Omaha, Neb.

In disposing of a little miscellaneous business the society, acting upon the advice of Dr. Richmond, appropriated an annual salary of $50 to the Secretary, with the provision that this apply to Dr. Thomas for his work as Secretary during the past year.

On motion of Dr. Stone, of Omaha, the society appropriated $100 for the payment of the banquet, with the understanding that the Committee of Arrangements could return whatever amount might be over after all expenses had been defrayed. It was furthermore agreed upon by resolution that at every subsequent meeting there should be a banquet, to be paid for from the society treasury. The Council Bluffs society entered a strong protest against the first part of the resolution and asked that it be allowed to pay for the last banquet, but all refused to grant this privilege, although they thoroughly appreciated the liberal spirit of their Council Bluffs confreres.

About at noon-time a telegram had been sent to Leavenworth, Kansas, asking if the next meeting was wanted there. The reason for this action was the stong effort which Leavenworth made to get the meeting this fall. By 4 o'clock no

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answer had been received, the society, therefore, resolved to go to Lincoln, Neb. The latter place was chosen on invitation by the Lincoln fraternity, through Dr. Lowry. The meeting will be held on December 17 and 18, 1891.

A by-law also was accepted to the effect that in the future all the fall meetings are to be held at Council Bluffs, Iowa. The more important papers will appear in THE MEDICAL HERALD.

Mississippi Valley Medical Association.

SEVENTEENTH ANNUAL SESSION AT ST. LOUIS, OCT. 14, 15, AND 16, 1891.

PRELIMIMARY PROGRAMME.

1. THE TOXIC EFFECT OF TOBACCO VAPOR; WITH REPORT OF CASES. W. Carroll Chapman, M. D., Louisville, Ky.

2. THE MANAGEMENT OF CHRONIC DISEASES. S. Baruch, M. D., New York, N. Y.

3. THE ETHICS OF CURING CONSUMPTION AND OTHER CHRONIC DISEASES. John Ashburton Cutter, M. D., New York, N. Y.

4. "THE TREATMENT OF TYPHOID FEVER." Robert D. Kenner, M. D., Louisville, Kentucky.

5. THE CARBOLATES. William F. Waugh, M. D., Philadelphia, Pa.

6. "ON DEGENERATIVE PROCESSES IN THE SPINAL CORD, CONSEQUENT UPON CONSTITUTIONAL DISEASES." Hugo Summa, M. D., St. Louis, Mo.

7. ILIAC DIGESTION—INTESTINAL DYSPEPSIA—AND ITS TREATMENT BY ANTISEPTIC AGENTS. Frank Woodbury, M. D., Philadelphia, Pa.

8. THE INFLUENCE OF GRAVEYARDS ON PUBLIC HEALTH. J. W. Carhart, M. D., Lampasas, Texas.

9. RHEUMATISM AND GOUT, IN THEIR CASUAL RELATION TO ECZEMA; THEIR MANAGEMENT. A. H. Ohman-Dumesnil, M. D., St. Louis, Mo.

10. THE VALUE OF EPILATION AS A DERMATO-THERAPEUTIC MEASURE. Joseph Zeissler, M. D., Chicago, Ill.

11. GRADATION OF LENSES. Dudley S. Reynolds, M. D., Louisville, Ky.

12 THE INFLUENCE OF ALCOHOL ON VISION. Francis Dowling, M. D., Cincinnati, Ohio.

13. TOBACCO AND INSANITY. Ludwig Bremer, M. D., St. Louis, Mo.

14. THE PRESENT ASPECT OF CEREBRAL SURGERY. Landon Carter Gray, M. D., New York, N. Y.

15. FORENSIC ASPECT OF BRUISES AND FRACTURES IN THE INSANE. J. G. Kiernan, M. D., Chicago, Ill.

16. AMPUTATION OF THE SCROTUM, WITH REPORT OF CASE. B. Merrill Ricketts, M. D., Cincinnati, Ohio.

17. OBSERVATION ON URETHRAL STRICTURE. G. Frank Lydston, M. D., Chicago.

18. THE MECHANICAL ELEMENT IN TREATMENT OF COMPOUND FRACTURE. Warren B. Outten, M. D., St. Louis, Mo.

19. A REPORT OF A CASE OF RETENTION OF THE URINE CAUSED BY MULTIPLE URETHRAL CALCULI. J. T. Prewitt, M. D., West Point, Ky.

20. SOME OBSERVATIONS ON RECTAL SURGERY IN EUROPE. Leon Straus, M. D., Louisville, Ky.

21. A NEW METHOD OF DIAGNOSING OBSTRUCTION IN THE SIGMOID FLEXURE. Jos. M. Mathews, M. D., Louisville, Ky.

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22. Pathology and Surgical Treatment of the so-called Strumous Inguinal Lymphadenitis. L. T. Riesmeyer, M. D., St. Louis, Mo.

23. The Treatment of Gonorrhœa. E. C. Underwood, M. D., Louisville, Ky.

24. Extirpation of the Thyroid, with Report of Case. Emory Lanphear, M. D., Kansas City, Mo.

25. Are Conservative Amputations always in the Interest of the Patient? Charles Truax, Chicago, Ill.

26. Sarcoma of the Dorso-Scapular Region; Operation; Recovery. George N. Lowe, M. D., Randall, Kansas.

27. Mouth Breathing. Eric E. Sattler, M. D., Cincinnati, Ohio.

28. Empyema of the Superior Maxilliary Antrum, with only Nasal Symptoms. Hal Foster, M. D., Kansas City, Mo.

29. A Superior Remedy for Nasal Catarrh; Campho-Menthol. Seth S. Bishop, M. D., Chicago, Ill.

30. A Case of Reflex Aphonia; Demonstrated to be due to Pressure of the Middle Turbinated Against the Septum Nasi. Hanau W. Loeb, M. D., St. Louis.

31. Importance of Recognizing a Temporary Rachitic Condition in Infants. John A. Larabee, M. D., Louisville, Ky.

32. A Pathological Study of Pelvic Inflammation in Women. Wm. Warren Potter, M. D., Buffalo, N. Y.

33. Obseration on the Management of Uterine Tumors. Chas. A. L. Reed, M. D., Cincinnati, Ohio.

34. Complications Following Abdominal Section. Rufus B. Hall, M. D., Cincinnati, Ohio.

35. Obstetric Dispensaries; their Management. L. A. Berger, M. D., Kansas City, Mo.

36. Surgical Treatment of Peritonitis. A. V. L. Brokaw, M. D., St. Louis, Mo.

37. Temperature no Guide in Peritonitis H. C. Dalton, M. D., St. Louis, Mo.

38. Some Monstrosities at and After Birth. David S. Booth, M. D., Belleville, Ill.

39. Oophorectomy *vs* Donothingism. Willis P. King, M. D., Kansas City, Mo.

40. A Successful Gastrostomy for Impermeable Stricture of the Cardiac End of the Oesophagus; Subsequent Dilatation of the Strictures. Arch. Dixon, M. D., Henderson, Ky.

41. The Nervous Equation of Pelvic Inflammation. Geo. F. Hulbert, M. D., St. Louis, Mo.

42. Hysterectomy for Cancer. J. M. Richmond, M. D., St. Joseph, Mo.

43. The Application of the Obstetrical Forceps. John Bartlett, M.D., Chicago.

44. Appendicitis, W. H. Link, M. D., Petersburg, Ind.

45. Phthisis; Begining its Treatment. Edward F. Wells, M. D., Chicago, Ill.

46. The Hydrotherapy in Typhoid Fever. H. H. Middlekamp, M. D., Warrenton, Mo.

47. Hystero-Epilepsy. Howell T. Perching, M. D., Denver, Colo.

48. Importance of Definite Strength in Mineral Waters. Geo. F. Hulbert, M. D., St. Louis, Mo.

49. The Time and Place for Stimulants. Chas. H. Hughes, M. D., St. Louis.

Regular classified programme will be issued and sent to members and the profession generally at an early date. Titles of papers must be sent to Chairman of Committee of Arrangements before October 5, 1891.

I. N. Love, M. D., Chairman Committee of Arrangements,
Grand and Lindell avenues, St. Louis.

E. S. McKee, M. D., Secretary.
C. H. Hughes, M. D., President.

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Tri-State Medical Association of Georgia, Alabama and Tennessee.

THIRD ANNUAL MEETING AT CHATTANOOGA, TENN., OCT. 27, 28 AND 29, 1891.

The following is a partial list of papers. The programme will be distributed about the 15th inst.

OVARIOTOMY, ITS USE AND ABUSE. Robert Battey, Rome, Georgia.

PHYSIOLOGICAL FUNCTIONS OF THE NOSE. A. B. Thrasher, Cincinnati, Ohio.

AN INTERESTING FAMILY HISTORY. Andrew Boyd, Scottsboro, Ala.

THE CURE OF PULMONARY TUBERCULOSIS. Carl von Ruck, Asheville, N. C.

INTUBATION AND TRACHEOTOMY. Gilbert I. Cullen, Cincinnati, Ohio.

REPORT OF A CASE OF NEURO-MIMETIC HIP TROUBLE, WITH PRESENTATION OF THE PATIENT. E. E. Kerr, Chattanooga, Tenn.

SUMMER DIARRHEA OF CHILDREN. E. T. Camp, Gadsden, Ala.

THE PHYSIOLOGY AND CHEMISTRY OF THERAPEUTICS. G. W. Drake, Chattanooga.

DOCTORS. Y. L. Abernathy, Hill City, Tenn.

ANGINA PECTORIS. W. C. Townes, Chattanooga.

OXYGEN GAS AND CREOSOTED OIL IN THE TREATMENT OF PHTHISIS. Junius F. Lynch, Sanford, Fla.

ABSCESS OF THE ORBIT. T. Hilliard Wood, Nashville, Tenn.

REPORT OF TEN CASES OF LAPAROTOMY. Geo. R. West. Chattanooga.

EVOLUTION FROM A SCIENTIFIC STANDPOINT. John P. Stewart, Attalla, Ala.

AN ENTIRELY NEW AND SUCCESSFUL TREATMENT OF GONORRHŒA AND ITS SEQUENCES. George Wyley Broome, St. Louis, Mo.

SHOULD NOT OCULISTS BE MORE CAREFUL IN PRESCRIBING COLORED GLASSES. W. L. Bullard, Columbus, Ga.

MILK SICKNESS. J. C. Shapard, Winchester, Tenn.

THE CONSERVATION OF ENERGY IN MODERN PHYSICS. John E. Purdon, Cullman, Alabama.

PUERPERAL SEPTIC INFLUENCES AND THEIR RESULTS. Rufus R. Kime, Atlanta, Ga.

WOUNDS OF THE EYEBALL, WITH CASES. N. C. Steele, Chattanooga.

LEGISLATION. W. P. McDonald, Hill City, Tenn.

REPORT OF A CASE OF TRACHEOTOMY. L. Huffaker, Daisy, Tenn.

LACERATED CERVIX. W. G. Bogart, Chattanooga.

CROUPOUS PNEUMONIA. R. M. Cunningham, Birmingham, Ala.

A REVIEW OF FIVE YEARS DERMATOLOGICAL PRACTICE IN NEW ORLEANS. Henry Wm. Blanc, Sewanee, Tenn.

ARTIFICIAL ANUS. B. T. Shimwell, Philadelphia, Pa.

SOME OF THE CAUSES OF BAD RESULTS IN ABDOMINAL AND PELVIC SURGERY. Wm. H. Wathen, Louisville, Ky.

UTERINE FIBROID COMPLICATING PREGNANCY; ALBUMINUREA OF PREGNANCY, ITS SIGNIFICANCE AND TREATMENT. Richard Douglass, Nashville, Tenn.

TREATMENT OF INFLAMMATION ABOUT THE HEAD OF THE COLON. W. E. B. Davis, Birmingham, Ala.

DR. FRANK TRESTER SMITH, Secretary.

SECRETARIES of Medical Societies will confer a favor on THE HERALD by sending us their programmes for publication as far in advance as possible.

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CORESPONDENCE

NEW YORK LETTER.

—v—

Euitor Medical Herald: NEW YORK, Sept. 21, 1891.

I received the marked copy of the *Kansas Medical Journal*, and can assure you that it caused me considerable merriment. My little shot at the Western medical ignoramus found its mark in the sanctum of our old friend Minney, did it? Dear old Minney, I know him well, and when I first formed his acquaintance I am sure that he was himself an advocate of preliminary education, and a general elevation of the standard of medical education. But times and associates change men, and since our friend has become a PROFESSOR and DEAN, he sees through the same lenses that all other doctors use who have offered their talents upon the altars of medical colleges. What grand, noble men those are who have founded schools of medicine in every western town, who labor for hours each day working over lectures from the text-books, and who create "splendid clinical advantages" in a town, the entire population of which is but little more than the average hospital population of this city. These benefactors of the human race do this without the hope of reward. It is calumny to say that they expect to receive patronage from the students who will send the "professors" patients, etc. It is libel to say that the "advertisement" given the professors is worth the labor and time given to the college, for these men are actuated only by the highest of motives, i. e., ruining good farmers to make poor doctors. By the side of these men, the names of Gross, Flint and Barker pale into insignificance. Gotham *has* "got it" and "got it bad;" bad enough, thank God, to know the difference between an educated, refined, scientific man, and an ignorant ass with a smattering of medical education. If it will be of any value to our esteemed editor of the *K. M. J.* to know that he is "barking up the wrong tree," we will inform him that Gotham has "finished his two weeks' course" some time ago, and will remain for some years yet in the same location that he has occupied for five years past. It will probably be a good many years before we visit the home of "Sockless Jerry," but if our friend will drop in upon us some time, he will find us ready to give him abundant proof of our assertions. We are glad that western doctors "are using microscopes," for with this accomplishment and a continued perusal of the MEDICAL HERALD, the day is not far distant when education will not be sneered at by the editor of the leading medical journal in the great state of Kansas.

I did not intend to devote so much time to our insignificant contemporary, but whenever I catch an eel I always like to skin it. The greatest event in the medical world is the Congress of American Physicians, which convenes in Washington tomorrow. This is, to my mind, the most important scientific body in the world. With no place for discussions on ethics and other unscientific subjects, the work of all the sections is purely and highly scientific. In the programme I notice the names of many of my Western friends, and anticipate meeting them with pleasure. In the "American Surgical Association," Dr. H. H. Mudd, of St. Louis, is booked for a discussion. In the "Ophthalmological Society," Dr. John Green's

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name is prominent. In the "Neurological Society," Dr. C. A. Hughes, of St. Louis, read a paper, and in the "Laryngological Section," Dr. W. C. Glasgow, occupies the chair, in addition to being on the programme.

I leave to-night for Washington, and in my next letter I will try to give you some interesting notes from the meeting. I met Dr. Bransford Lewis, some days ago, and he is wildly enthusiastic over his new journal. It will undoubtedly be a success, for no one knows better than Dr. Lewis, how to conduct a live medical journal. He is soon to issue the first number, and your readers may prepare for a surprise. As it is almost time for me to leave for Washington, I will bring this to a full stop. Yours, GOTHAM.

Carlsbad Water.—Certain diseases of the liver, stomach and alimentary canal are benefited by Carlsbad water to such an extent that the springs bearing that name have acquired a world-wide reputation and belong to the most popular springs in Europe. To those whose means will permit it, the use of the water at the springs is, no doubt, the best. But for those, whose incomes are limited, a faithful reproduction of the natural water is far better than the genuine bottled and sent to a distance. The reason of this is that the bottling of natural mineral waters, especially those of a thermal nature, is never satisfactory, the relative proportion of the salts not being preserved. Dr. Enno Sanders has succeeded in reproducing the Carlsbad Sprudel, which he puts up in double strength, to that of the natural, so that by adding an equal quantity of hot water we have an exact reproduction of the original in every respect. An advantage which it possesses over the natural water lies in the fact of its being double strength, so that those requiring a stronger remedy have it ready at hand. It is without doubt an incomparable remedy for gallstones, its continued use preventing any recurrence, which is so dreaded by those who are subject to this distressing malady.—A. H. OHMANN-DUMESNIL, M. D.

Sputum as a Diagnostic Sign.—In phthisis we have nummular sputum; looks like coin; which floats in a clear liquid. In measles we have nummular sputum, which floats in an opaque liquid. In bronchiectatis there is stinking sputum; also in fibroid phthisis we have stinking sputum. In cancer of the lung, we have sputum that looks like currant jelly. In pneumonia, we have rusty colored sputum. In œdema of the lung the expectoration is serous. Where we have pneumonia terminating in gangrene of the lungs, the sputum is exceedingly fetid; greenish or brownish. The sputum of chronic bronchitis, when associated with disease of the heart, looks like the white of egg mixed with water, and may amount to a quart or half gallon in twenty-four hours. The sputum of chronic bronchitis, when not complicated, is large, broad and irregular, and is greenish or yellowish.—*Times and Reg.*

WOLCOTT BALESTIER, who has collaborated with Rudyard Kipling in the new novel which *The Century* will publish, is a young American now living in London. He is a writer and business man as well, being a member of the recently organized firm of Heinemann & Balestier, of Leipsic, which is publishing a series of copyrighted English and American novels on the continent of Europe in the fashion of the Tauchnitz editions.

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THE MEDICAL HERALD

A PRACTICAL MONTHLY JOURNAL OF THE MEDICAL SCIENCES.

HIRAM CHRISTOPHER, M. D., Editor.

ASSOCIATE EDITORS: JACOB GEIGER, M.D., SURGERY; J. W. HEDDENS, M.D., PATHOLOGY

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EDITORIAL

Specialties.

THERE are, doubtless, objections to specialism in medicine and surgery, but they are nevertheless unavoidable and not without their advantages. There is not such a being among men as a universal genius. A man can not be perfect in everything, nor even as good as he desires to be. A division of labor is natural. The most perfect organism is a specialized organism. In the lower organism, one organ may perform several functions; but as organisms rise in the scale of structure, and approach that of man, we find that the various life-functions are performed by particular organs. Differentiation, a fundamental attribute of the vital force, is a force of specialism; for it separates from the common mass, and assigns a function to a special organ, developed for the purpose. Life begins with the simple mass and ends in completed differentiation, or specialism. It is a principle that permeates the whole realm of nature. It is but the division of labor or the perfection of instrumentation, and grounded in the very nature of finite intelligence.

It has its drawbacks, its imperfections, its evils; but these weigh not a feather against its advantages and necessity. They are defects which arise from imperfect education, from inadequate preparation, requiring the greatest care to preserve one-self from self-imposition. There is a mental vice which frequently attends specialism, which has its evils for both physician and patient; a vice that leads the physician to trace all complaints to and from the field of his specialty. A gynæcologist finds the root of all disease in the sexual system; a neurologist in the nervous system, and so on. As Oliver Wendell Holmes puts it: "He is apt to magnify his calling, and to make much of any symptom which will bring a patient within range of his battery. I found a case in one of our medical journals a couple of years ago

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which illustrates what I mean. D. ———, of Philadelphia, had a female patient with a crooked nose—a deviated septum, if our young scholars like that better. She was suffering from what the doctors call reflex headache. She had been to an oculist, who found that the trouble was her eyes. She went from him to a gynæcologist who considered her headache was owing to causes for which his specialties had remedies." This mental vice is not to be ascribed to a desire to get a patient. It lies deeper than that. It lies in the mental warp of the man. He sees but a part of a subject, and that part lies nearest to himself. It is a bad diagnosis, and may be a perfectly honest one. The functional derangement of an organ oftentimes has its cause elsewhere; but the fact is not perceived, because the mental vision is obscured by a too intent direction of it to the field which absorbs his special attention. Cure the mental vice of the physician or surgeon, and you will find the specialist a great desideratum.

But whether we realize the desirability and necessity of specialism or not, it is nevertheless both desirable and necessary. Consultations are really based on the fact that physicians are selected on the ground that one is esteemed more capable for the case in hand than other. If a practitioner has a case in which disease of the ovaries, for instance, is suspected, he will naturally call in a gynaecologist, or if the eye, an oculust. But if there were no specialists, in such a case, an approximation to one would be made by calling one whose experience in such a class of cases was greater than that of others. The value of experience is based on the fact of its reality; and it is but the suggestion of common sense, that one should naturally look to the experienced for the assistance desired. With the experienced skill is to be found, and experience is to be had most abundantly in specialism.

There should be no objection against specialism itself. There may be against the specialist, because he has leaped into it, and not gradually walked into it, or taken it up after a long experience in general medicine. Such an experience, besides "the good hard sense" of the man, is the only safeguard against the mental vice that jumps to conclusions. No man's mind has the leaping legs of the kangaroo, though the excessive self-confidence sometimes observed in the one-sided man would lead us to suppose that such a one so regarded himself. Morbid action with its numerous reflexes, presents varied phenomena which have to be carefully considered and soberly weighed to keep one from serious mistakes in diagnosis and consequent treatment. If one has cardiac disturbance as respects functional sounds, its cause may be here or there. So of many other morbid phenomena. The trouble may not lie in the organ apparently involved; and should the complaining organ be in the field of the specialist, then we might have hasty conclusions and consequent ineffectual treatment.

Specialism should be encouraged rather than deprecated and condemned. Under a proper and necessary preliminary preparation for a special work, we shall have special skill and consequently the greatest good that our science and art can give to the afflicted.

Dr. M. F. Weymann, of this city, represented The Medical Herald, at the Council Bluffs meeting of the Missouri Valley Medical Society. Read his report in another part of this journal.

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Cancer Inoculation.

NO little stir has been lately made in the medical world by two experiments officially reported by M. Cornil, in a paper read before the Academy of Paris, June 24th, 1891, a translation of which from *The Medical Bulletin* appears in the *Nashville Surgical and Medical Journal* of September.* One was that of a female operated on for a tumor of the breast. Before the operation, the surgeon inserted a small fragment of the tumor under the skin of the opposite breast, and while the party was unconscious from the anæsthetic. When the case was reported to the Aacdemy, the experiment was strongly condemned, as it deserved to be.

But if "the bird is worth the shot," or the end to be attained worth the risk of a human life under any circumstances, a knowledge of the infectious character of such a specific disease as cancer might be had in a lawful way. If a governor of a state could be convinced of any adequate good that would follow the determination of the question of the infectious character of carcinomatous matter—a good that would, to some extent, at least, justify an experiment of this kind; and if such an officer could have his interest enlisted in such an experiment, then, in that case, an experiment might be tried on a criminal condemned to suffer death, if he would willingly submit to, and risk, the experiment on condition of his free pardon, If, after all the possibilities and probabilities of the experiment were clearly placed before him, and he had given his consent thereto on the conditions named, then, it would seem that the experiment would be justifiable. The good to him would certainly be, at least, an extension of his life, so that in the end he would die from disease and not an ignominious death. If such a consideration should appear to the criminal in a reasonable light, and he should conclude that a death by such a disease were preferable to an ignominious one by the law, his action would simply be a choice of evils, with the possible contingency and hope that no morbid evil would result from the experiment, in which case he would be only taking the chances of death from such a cause rather than suffer certain death for his crime.

The moral aspects of the transaction present no ground for its condemnation. It has no aspect of suicide, nor of complicity on the part of the governor in his death. He has the authority to commute a death sentence to one for life, and in such a case it would be simply allowing the criminal a choice between a certain and early death and a contingent one. Whether a criminal would take the chance involved in the experiment can only be conjectured; but the love of life is so strong in every breast as to warrant the belief that he would. Such an experiment would prove whether the carcinomatous matter is infectious to a healthy organism. To insert the matter under the skin of a person laboring under the supposed disease can prove nothing, and the experiment of the German doctors was not simply wrong in the extreme, but useless.

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*This paper was carelessly prepared by the author, if we are to judge by its general ambiguity and incompleteness of two sentences, or the translation must be very incorrect, or the proof-reader at fault, if we are to judge from the following extracts: "A histological examination of the first patient did not wish to submit to an operation, but the effect to take away the graft produced a small tumor." * * * "In effect a general proposition can be made that when the blood vessels and lymphatics carry the cellular and liquid elements showing the neoplasms and that which is active with greater intensity when the graft is distributed by the circulation of the blood and lymphatics."

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Dr. Bransford Lewis at Home.

IN another column will be found the announcement of *The Fortnightly M. D.*, to be published at St. Louis, by our talented foreign correspondent, who has just returned from an extended European tour, and is now in New York city, placing his advertising. Considerable interest, and no end of curiosity has been aroused among medical men concerning the "guessing" of the title to the Doctor's journal, the wierd emblem of which appears in connection with his advertisement. The results of the "guess" bring out some facts of peculiar interest to those who use the advertising pages of medical journals. Out of a combined circulation of about 150,000 in this and other journals, nearly 39,000 answers were received in three months, which goes to prove that even the smallest adverisements are read by western physicians.

The number guessing correctly, 6,422, was comparatively small, but Dr. Lewis can congratulate himself upon having on his list not only the *brightest thinkers* in the country, but doctors who will no doubt appreciate his efforts in the journalistic line. To those of our readers who missed on their guess, we would say, take another look at the design and see how simple it is (after you know). The letters "F. M. D." were no doubt easily read by those familiar with the deaf and dumb alphabet, while the moon's quarter (fortnightly) makes the interpretation complete. The instruments crossing under the monogram in the form of "X" are construed to mean "by," thus "Fortnightly M. D., by Bransford Lewis, St. Louis." We anxiously await the initial number, which is to appear January 1, 1892.

MERCURY AS A SPECIFIC IN TYPHOID FEVER; CONCLUSIONS FROM THE STUDY OF SEVEN HUNDRED CASES.—From a clinical experience embracing nearly 700 cases of typhoid fever, Smakovsky (*L'Union Medicale*, April 10th, 1891) concludes that the simplest and most efficacious treatment consists in the administration of calomel in fractional doses, according to the method of Professor Zachariine, of Moscow. Three-fourths of a grain of calomel is given every hour for ten doses, if necessary, or till copious, soft, greenish stools have been secured, a gargle of chlorate of potash being meanwhile used to prevent stomatitis. In cases in which cardiac weakness already exists, an infusion of digitalis is used before the calomel. If instituted in the course of the first seven days of the fever, this treatment is said to abort the disease, even when grave in type. If this result is not obtained, the drug exercises the most favorable action in shortening the duration of the disease and preventing complications. A second course of calomel may be given a day's interval after the first, the abortive action being produced sometimes only after the second administration. The author is convinced that the mortality should be *nil* in all cases where the treatment is commenced before the tenth day of the disease, excepting with the very old, or where it occurs in the course of another grave malady.—*University Medical Magazine.*

The use of calomel in continued fever, whether typhoid or not, is unquestionably good practice, and especially in the early stage. If one goes into a case of typhoid fever with an enlarged or irritated liver, and this is not corrected by local and internal treatment, the patient will very probably succumb to the disease. In continued fever, it will prove beneficial even after the disease has been fully established. The remedy, however, does not "abort" the disease, nor does any other. The potassium chlorate is worth nothing.

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The Ensworth Medical College.

THE Ensworth opened on the first with a large class composed as usual of excellent material; young men, of gentlemanly bearing and studious habits. They will, in these respects, compare favorably with the students of any medical college in the country.

Society Reports.

THE HERALD'S special reporter will leave on the 13th inst. for St. Louis, to attend the Mississippi Valley Medical Association, and our November issue will contain the full proceedings. It is now conceded that the HERALD'S Society reports are the most interesting and complete in the West; and our many readers who enjoyed this correspondent's work in the Missouri State Meeting will know what to anticipate.

The Standard Indeed.

THE MEDICAL HERALD for September is on our table. This is a St. Joseph monthly periodical, but from the metropolitan appearance of the work one would think that it was published in some large Eastern city. The number before us is not only attractive in appearance, but being printed in the highest style of the art, but it is filled with able editorials on subjects of great interest to the medical profession, particularly so to the young practitioner. It contains ably written articles from men distinguished in the profession from both Eastern and Western cities, besides a varied collection of miscellany that cannot but prove of interest to the disciples of Aesculapius. From the extensive advertising patronage enjoyed from all over the country, the MEDICAL HERALD must be regarded as a Western standard. Dr. Hiram Christopher is the editor.—*Catholic Tribune.*

WE have received a copy of what may be regarded as reprints of the American Medical Association, a Volume of 324 pages; published under the auspices of the Association, and containing addresses, papers and discussions in the "Section of Obstetrics and Diseases of Women," at the 42nd Annual Meeting of the American Medical Association, at Washington, D. C., May 5-8, 1891. A like issue embraces the topics of other sections. The volume appears in a paper binding, but it may be that these volumes will be issued in more durable form, and thus render the transactions of the Association a permanent contribution on the subjects which they embrace. The procedure will have, possibly, another effect; though one would think to prepare a paper to be presented to the Association would be a sufficient stimulus to the writers to do their best in their preparation. Still, the fact that papers may appear in such a permanent form as these volumes secure, may prove an additional stimulus to persons preparing papers. It cannot but follow, also, that the publication of these volumes will give to the Association itself a stability of character and an increasing influence in the medical world, that will place it in the front rank of such institutions.

DOCTOR, don't forget the Mississippi Valley meeting, at St. Louis, 14th, 15th and 16th of this month.

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Crumbs.

THERE are some men who have stood high as men of learning and personal greatness in the estimation of the world, whose reputation placed them in the front rank of their calling, but who, in after years have been shorn of much of their glory by a biographical sketch of their times and contemporaries, and particularly of the part they took and acted in regard to great questions which agitated their associates in their respective callings. A closer view of the *man* and of his work shows that much of his great reputation was to be ascribed more to circumstances and partiality of friends than to real and substantial merit. Distance in time and space oftentimes gives an entirely different view and aspect to objects both natural and artificial. So it is that

> "'Tis distance lends enchantment to the view,
> And robes the mountain in its azure hue."
> Approach it nigh, its lovely hue is gone—
> Its lofty head is bare and barren stone.

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"*Non omnis moriar.*" Horace somehow felt that he would not die "all over" as did the little pig. This is a free translation, and not as elegant as it might be made; but perspicuity might be sacrificed to elegance. He was a jovial companion whose habits—"*nunc est bibendum*"—were somewhat irregular, as not unfrequently his old Falernian got a little the better of him, under the influence of which, we would willingly believe it was, that he wrote some of his objectionable songs and sermons. He was the pig then. But when sleep had dissipated the fumes of wine, and his brain was again clear, then came out of it those productions that still live. The sober part of him yet lives and will live; and as he read his master pieces, he felt that he would always live; that there was something in him or of him that would not wholly die. He was right that time. The wise and thoughtful man sat down and wrote for all time. The pig is long since dead, and for that the world cares nothing, and possibly his cotemporaries did not. He was not handsome in person; that he could not help, but what he could help and did help too was that he did not allow his talents to be submerged in his old Falernian. Would that there were many such who could say *non omnis moriar.*

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THE genial poet and philosopher and anatomist of the "Breakfast Table" and Harvard,—he needs not to be otherwise designated, so well have these places made him known,—lingers still on the shore and bids fair to leave more of his foot-prints on its sand, and to hear what "the wild waves are saying" to *him* for a time longer yet; and though the tenement in which he has lived his four score years and more begins to show the wear of time, "the vine still clings to the mouldering walls." But it is said, strange as it may appear, that he has never seen the West; never thought that it holds anything worth the trouble of coming to see. And yet here the grandest river on the continent pushes its mad way to the sea, surging, boiling and dashing in its mad haste to disgorge from its mouth the mass of sand and soil it gathers on the way. Then there are the plains of Kansas and Colorado, the estuary and shores of some ancient sea. Grander views are not to be seen in that sterile and inhospitable region, where men must hug the stoves for nine months in the year, the once famous New England. Then there is that magnificent city of the Plains, the gateway of the Rockies, the Emporium of Greater Wealth than the world elsewhere presents. The philosopher and poet has not seen these. Alas! what might we not have had at his "Breakfast Table" or from his "study," if he had! Possibly we have lost much, but sad to think that he has lost more.

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We venture a quotation from Colton's Preface to his Lacon, even though it should have a reflex application: "What a glorious conflagration there would be, if all those authors who fail to put fire into their works, would only consent to put their works into the fire."

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The *Texas Journal of Health*, and especially the August number, must be regarded as a misnomer. It is not a *health* journal to—quacks, mountebanks, charlatans and such like, for they cannot live even in its neighborhood. To them it is "real pisen," and it follows them wherever they attempt to hide their head, "persecuting them even to strange cities," and giving "no rest to the wicked." It keeps them on the scamper. May this healthful vigor be augmented a thousand fold.

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The inquisitive lady whom we mentioned in a recent issue as having gathered statistics of the marriageable prospects of several classes of the gentler sex, should now turn her attention to the marriageable prospects of the classes or occupations of young men. A young man at our elbow is anxious to know, as he is becoming somewhat faint-hearted and rather gloomy over his own prospects. He will not gratify me with the information of the number of his failures, and hence the specific number and causes in his case cannot be given. But there is a branch of this subject of much more importance than either, but very closely connected with it, and this is, marriage between what classes of young women and men does the greatest number of divorces occur? A conscientious and affectionate person of either sex does not wish to assume the responsibilities involved in matrimony to have them all broken up in a few years. This question assumes practical importance in view of some late statistics tabulated from the French sources. These statistics show the importance of looking well to your partner. For the first year even 2 per cent is heavy; but when 23 per cent occur before the first five years have expired, the matter becomes serious. The heaviest per cent is put down at 40 for those who pass the fifth and reach the tenth. Jeremiah! Almost half. What encouragement to the thought that "marriage is a failure"! Who are those that can not get along farther than ten years? Now, if we only had the statistics to show to what class or occupation the respective parties belonged, prudence exercised at the proper time, might lesson the business of divorce courts and lawyers.

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THE DAYSPRING.

We leave the dewy lights of morn and go
Adown the long day's splendor till it dies
Behind us and the darkness fills the skies.
Then wrapped in sleep we float a space—and lo!
The dewy light again! So circling, flow
The days and years. The morning light that flies,
Returns again. Will youth's lost Light arise
With that far dawn to which we circle slow?

With new worlds breaking on us strange and fair,
Will the same glory that we knew of old,
The Dayspring, the imortal Morning air
Breathing upon us o'er the hills of gold,
The Lights and Love of Long Ago be there
In that deep Dawn we journey to behold?

—Anna Boynton Averill in *The Youth's Companion*.

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Our Book Table.

A Text Book of Practical Therapeutics, with Special Reference to the Application of Remedial Measures to Disease, and their Employment upon a Rational Basis, by Hobart Amory Hare, M. D., B. Sc., 2nd Edition ; Lea Brothers & Co., publishers, Philadelphia, 1891.

The author states the object he had in view in giving this work to the profession was "to provide the physician or undergraduate student of medicine with a reliable guide in the study of Therapeutics, or the application of remedial measures for the cure of disease." To the extent of his success is the value of his book ; and of its merits we may judge from the scope of the work. It presents some new and valuable features among which we note the topics considered in his general considerations, as the *Modes of Action of Drugs ; Modes of Administering ; Dosage, Idiosyncrasy ; Absorption of Drugs ; Duration of Action of Drugs ; Strength and Reliability of Drugs ; Indications and Contra-indications ; Combination of Drugs for Joint Effect ; and Incompatibility.* Then follows a special consideration of the various drugs usually treated of in works on Materia Medica. In Part III, he treats of measures other than drugs — foods for the sick. In Part IV, he passes in review such diseases as the general practitioner is familiar with, and gives such treatment as he considers judicious. On the whole, the work is a valuable one.

Sexual Neurasthenia ; Its Hygiene, Causes, Symptoms and Treatment, by George M. Beard, A. M., M. D. Edited by A. D. Rockwell, A. M., M. D., 3rd Edition. E. B. Treat, 5 Cooper Union, Publisher ; pp. 282 ; price, cloth, $2.75.

Works of this kind have a great value to the general practitioner in that they are of the nature of monographs in which the whole subject is fully and comprehensively treated by one who has given special attention to the subject, and has enjoyed a wide experience and extensive observation of the disease in its many symptoms, phases, and connections. Nervous symptoms have a very wide range, and arise from various and different causes and seats of origin, and hence present so great a variety of phenomena, as to make the diagnosis and treatment difficult. Such books as these come to our help and give us an insight into causes, and leads into trains of thought that direct our way more rationally and satisfactorily. The sexual system lies at the foundation of our being, and so delicately is it connected with, and adjusted to other parts of the organism, that an organic lesion there extends its influence to other parts of the body, and particularly sets up a numerous train of nervous symptoms that may puzzle even a specialist. This being so, we should naturally and reasonably expect that one who has made Sexual Neurasthenia a special study, should be able to direct others, and aid them in making a correct diagnosis, and in applying remedies which experience have shown to be useful and effectual.

A Country Doctor, by Willis P. King, M. D., of Kansas City, Mo.

This book has now become so well known that all that needs to be spoken of it is to call its name, or name the author. When you hear of the "Country Doctor" you will think of Willis P. King, and when you think of him, you think of his book. They are a kind of Castor and Pollux; not twins, exactly, but so closely

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associated as to be inseparable in thought. As you read you laugh and sometimes ponder and wonder, What a fellow! He can make fun out of a dark night, bad roads and known or guessed at only by his horse, while the rain puts in its best to make the night darker and the roads deeper in mud. These things do not disturb his general humor, nor make him say "cuss" words, but really fills him up for fun when he gets to shelter. Get the book and read it; it costs but a dollar. You would pay that much for a prescription for indigestion, which might make you sick, and do you no good; whereas, the "Country Doctor" will make you forget that you ever had your "truck" to disagree with you. Dr. King is a good doctor, you may bet on that; but we incline to the conclusion that he has cured more dyspeptics with his "Country Doctor" than he has with his physic. His jokes are sometimes huge and oppressive. Look at his array of distinguishments, unique, convincing and reflective.

MINOR SURGERY AND BANDAGING, including Treatment of Fractures and Dislocations; Tracheotomy; Intubation of the Larynx; Ligation of Arteries and Amputations; by Henry R. Wharton, M. D.; Demonstrator of Surgery, and Lecturer on Surgical Diseases of Children, in the University of Pennsylvania, etc.; Lea Brothers & Co., Publishers, Philadelphia, 1891.

The contents show the extent and drift of the work. Part I, treats of Bandaging; Part II, of Minor Surgery, embracing the Theory of Asepsis and Antisepsis in Wound Treatment; Methods and Dressings employed in Wounds to secure Asepsis; Preparations of Materials and Dressings used in Aseptic Operations; Materials used in Surgical Dressings; Procedures employed in Minor Surgery; Anæsthetics; Trusses; Use of Catheters and Bougies; Sutures and Ligatures; Treatment of Hemorrhage and Abscesses; Dressing of Wounds, Burns, Scalds, Bed Sores and Sprains; Tracheotomy, Laryngotomy; and Intubation of the Larynx. Part III—Treatment of Special Fractures; Part IV—Treatment of Special Dislocations; Part V—Ligation of Special Arteries; Part VI—Special Amputations. All matters treated of are fully illustrated by excellent cuts. The work should be in the hands of every general practitioner, and particularly in the hands of every student of medicine.

SYLLABUS OF OBSTETRICAL LECTURES in the Medical Department of the University of Pennsylvania, by Richard C. Norris, A. M., M. D., Demonstrator of Obstetrics in the University, etc., 2nd Edition; W. B. Saunders, Publisher, Philadelphia,

These lectures cover a good deal of ground, both theoretical and practical, beginning with the functions of the reproductive organs, and, passing to gestitation and the consideration of some of the physiological and pathological conditions attending gestation, normal and abnormal, comes to the management of the newborn infant, its injuries during labor, and diseases during infancy, embracing, in the first part pathology of the puerperal state. Part II—embraces the consideration of the Anatomy of the Pelvis so far as Obstetrics are considered; the pathology of pregnancy and labor; its mechanism and management, including some Gynæcological operations, as well as some difficulties attending parturition. The manner in which all these subjects are treated is very satisfactory. The insertion of blank leaves in the book is a very valuable feature of the work. A student entering a medical college will find this book of very great assistance in his attendance on lectures, and of equally valuable service to him after he has begun practice.

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REPORT OF THE PROTESTANT HOSPITAL ASSOCIATION, OF ST. LOUIS, MO., 10th Year.

The word Protestant applied to this Hospital is simply of a word of designation, not of religious significance. Religious affiliations play no part in procuring admission or association in control. It is under the management of a Board of Directors, assisted by a Ladies Auxilliary Board, consisting of 28 members, representing the various churches of the city. This is a good feature. In such undertakings, women find something to do, which will contribute largely to their physical and spiritual strength, of which they cannot have too much. It is supported by contributions from the liberal and generous, who are the salt of the earth, without whom the world of the poor would have a hard time. The classes of patients received are of three classes. 1. Those who are able to pay are charged at regular and published rates, and who cannot have the required attention elsewhere. 2. "Those who have not the means to secure immunity from danger or skilled nursing at their home." 3. The poor who occupy the "free beds." Such institutions should be in every city. This one has been quite successful in its "Good Samaritan" work. May it continue to be made more useful by the liberal-hearted of that great City.

MENTAL SUGGESTION, by Dr. J. Oscorowicz, in 4 parts, published by the Humboldt Library of Science, a semi-monthly publication; 19 Astor Place, New York.

There are many strange things in this publication, and new, simply because they are phenomena different from any that may have been seen before. They are difficult to understand, or be explained on any principle known to scientists, either physical or psychical. To say that the phenomena are naturally psychological and capable of being produced by disease or human instrumentality, or to be ascribed to any morbid processes going on in any part of the human body, as are diseases arising from organic lesions or functional aberrations of one or more organs, is to assert what is not known to be a fact. While morbid conditions of the body may, and do, render a person more susceptible to the impressions made by the real cause, yet they are not essential to the production of like phenomena; for such have occurred in healthy individuals.

Mental suggestion, hypnotism, so-called animal magnatism, mesmerism, clairvoyance, trance, *et id oume genus*, are, all of them, but phases or forms of one and the same thing—the Daimonism of the Greeks and "the possession" by "unclean spirits" of the Christian scriptures, in which we discover that all such phenomena are but forms and phases of the same thing,—the phenomena of what the agnostics call psychology, a learned word to hide our own deficiency of knowledge. If such books were written in illustration and confirmation of what the scriptures teach, they would excite a greater interest, because, in that case, we should not be floundering about in a mass of mistaken notions. But this source of information is the *bete noir* of scientists.

Nevertheless the strange phenomena recorded in these pages are such as to hold the attention and engage the profound interest of the reader; and if such a one is not on his guard he will find himself drifting far away into "philosophies falsely so called."

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THE MOTHER'S HOME BOOK. By L. J. Woolen. Everest Waddey Co., publishers, Richmond. Va. Full cloth, stamped in gold, silver and black, $2.25; library sheep, marbled edges, $2.75.

In addition to being a complete treatise on diseases of children, this work contains information of the greatest interest and value to the young wife. The chapter on pregnancy describes the various disorders to which the expectant mother is subject, and gives plain directions for their management. The subjects of Flooding, and Abortion, or Miscarriage, are treated of, and the best methods of avoiding and managing the same are stated in plain language. It also has full directions for the guidance of the Nurse during the absence of the Physician, in ordinary cases, telling her what to do and what she should not do. In short just such a book as the doctor may safely recommend to his family patients, and especially these living at a distance from town.

SOUVENIR edition of the "New England Medical Monthly," for September, besides the usual excellences that characterize each issue, this number has its pages adorned with phototypes of its corps of associate editors, and by engravings of distinguished physicians of this country and England.

USURY.—We have received a neat little pamphlet bearing the above "*high*-toned" title, from the St. Joseph Mortgage Co., of 107 South Seventh street. The subject of over-legislation is handled therein without gloves, and in a very able manner, in the course of which some salient points in money matters are brought to the surface. It is well worth a perusal, and emanating as it does from this well known firm of financiers, cannot fail to carry considerable weight with its arguments. If you have not seen a copy, send for one to the St. Joseph Mortgage Co., St. Joseph, Mo.

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Pamphlets Received.

MISSOURI Agricultural Experiment Station ; Bulletin No. 15.

INJURY to the Thoracic Duct, by Alvin Eyer, M. D., reprint, from *Medical Record.*

THE Second Report of the Superintendent of the John Hopkins' Hospital, for the year, ending January 31, 1891.

THE APOTHECARY, a Monthly Journal ; published by the Illinois College of Pharmacy ; Oscar Oldberg, Editor.

THE Electrical Treatment of Fibroid Tumors, with an Analysis of Forty-six Cases, by G. Betton Massey, M. D., reprint, from Annals of Gynæcology and Pædiatrics.

ILLUSTRATIVE Cases of Congenital Club-Foot, by H. Augustus Wilson, M. D. ; Professor of General and Orthopædic Surgery, in the Philadelphia Polyclinic and College of Graduates in Medicine, etc.

THE Climatologist, a Monthly Journal of Medicicine ; Devoted to the Relation of Climate ; Mineral Springs, Diet ; Preventive Medicine ; Occupation ; Life Insurance, and Sanitary Science to Disease.

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Among the Magazines.

THE CHAUTAUQUAN for September surpasses its recent predecessors. That "Angelic Woman" is decidedly an excellent novelette. This introduces a feast of good things, which one must read to appreciate.

LIPPINCOTT'S MONTHLY MAGAZINE.

A Daughter's Heart, in the August number, by Mrs. A. Levett Cameron, is a charming story well told, and absorbs the attention from the first to the last page, and leaves the reader with the words almost on his lips: Wish there was more of it. This article alone is enough to commend the August issue, and make its sale large. Then there is a strange *Adventure with Edgar Allan Poe*, by Julian Hawthorn. There is always enough in Lippincott to make the reader feel that he has more than the worth of his money, and of a nature to leave his mind in a mood of longing for the next.

THE NORTH AMERICAN REVIEW.

The prominent article in the August number is one from Prof. Goldwin Smith on "New Light on the Jesuit Question," and in the September number we have an answer by Isaac Besht, Ben David, entitled "Goldwin Smith and the Jews." These articles so associate the two numbers as to make one necessary to the other. Besides these there is much of other interesting subjects, and particularly "Vampire Literature" by Anthony Comstock. These publications always contain so much of interesting matter as to consume all of one's leisure hours which he can appropriate to them, and yet he can not neglect them.

THE well-known humorist Edgar Wilson Nye, better known by the name "Bill Nye," which was bestowed upon him many years ago by brother journalists in California, will contribute to "The Century" during the coming year a series of articles descriptive of his experiences in different parts of America and in various capacities. He calls them his "Autobiographies," and the first one, "The Autobiography of a Justice of the Peace," will appear in the November "Century." It is understood that Mr. Nye has not drawn so largely as is usual with him upon his powers of invention, but has endeavored to present a series of pictures of American life which will both amuse and instruct.

THE ARENA for September is as usual fully abreast with the advanced thought of the times. The paper which will probably attract most attention, owing to its timely appearance, is "Fashions Slaves," a profusely illustrated contribution on woman's dress reform, by the editor. We do not know whether or not Mr. Flower had been informed of the proposed inauguration of the dress reform movement at Chautauqua, which has attracted such general notice by virtue of the radical position taken by its leaders and the encouragement given the move by such leading women as Miss Francis E. Willard and Mrs. Francis E. Russell, but he certainly scores another palpable hit in the timely appearance of this paper. Among the n any other noteworthy contributions are the Rev. Dr. Geo. C. Lorrimer's defence of Dr. Briggs and his associates; Frederic W. H. Meyer, of Cambridge, England, on the work accomplished by the English Psychical Society; Kuma Oishi, M. A., of Tokio, Japan, on Constitutional Government in Japan; Rabbi Solomon Schindler on Inter-migration, and Sylvester Baxter on the Australian Postal Banking System. *The Arena* has made for itself the foremost place as the review of advanced and progressive thought.

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PROGRESS

Non-surgical Treatment of Cancerous Uteri.—Reed thinks that complete removal of the uterus or even amputation of the cervix is unnecessary in many cases of cancer of the cervix. He has used the following treatment with success: Once a week the sharp curette is used, followed by an application of pure chromic acid. He prepared a swab of absorbent cotton, as large as would pass into the cervical canal. After he had rapidly reamed it out with the currette, and on withdrawing the latter, immediately dipped the swab into water, then into the dry chromic acid, and carried it as far as possible into the cervix and cavity and held it there until the hissing and smoke ceased; then withdrew the swab, packed the cervix with cotton saturated with pure persulphate, which was directed to be removed by a string attached for that purpose in three or four days. The hemorrhage from the use of the curette was fearful, but immediately stopped on contact with the chromic acid. He has tried this treatment on but a single patient. She was directed to let him know whether hemorrhage should occur in the interval of his visits, and but once did she send for him. The treatment was continued for several months; and now, some four or five months later, she is apparently perfectly well, with no tendency to a return of the growth.—*Jour. of Amer. Med. Ass.*

The Present Status of Syphilitic Therapy from a Continental Standpoint.—E. Kreis reviews, from a continental standpoint, the present treatment of syphilis. In regard to the excision of the primary sore as a means of preventing general infection, favorable results have been claimed by Neisser, Unna, Jullien and Leloir, while Neumann, Ricord, and Von Sigmund believed it valueless. It can be said that we are, in general, unable to abort syphilis by the excision of of the primary sore; nevertheless, in selected cases it may be indicated under the following conditions: (1) Absolute surety of diagnosis. (2) Possibility of an early operation before any of the glands show signs of infection. (3) That the induration be sharply defined so that it may be wholly removed without leaving surrounding infected tissue. As regards the propriety of beginning constitutional treatment during the primary stage, Fournier, Mauriac, Jullien, Schwimmer and others held that it prevented the appearance of secondaries, or caused them to pursue a milder course. Others, however, as Doutrelepont. Kobner, Kaposa, Unna, Neisser and Leloir, hold that the appearance of secondary symptoms is only deferred, and when they do appear they pursue a more obstinate and severer course. The author believes, with Neumann, that while by treating expectantly, the skin symptoms are more marked, when early treatment is instituted obstinate affections of the mucous membranes and iris are apt to occur in their place. Early constitutional treatment is advised only in very extensive and obstinate lesions. In reference to the particular medicament to be used, inunctions give the best therapeutic effect with the least accompanying disturbances. Hypodermic injections, in view of the uncertainty of their action, are not to be recommended. Fournier advised intermittent mercurial treatment to be continued three or four years, and he has been followed by Leloir, Lesser, Finger, Kopp, and above all, Neisser; but others, as Lang, Diday, Caspary

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and Kobner, oppose this, and restrict it to exceptional cases, as it appears to be for most cases not only surperfluous but harmful. The practitioner must decide this point according to the peculiarities of the special case. Syphilis can be regarded, if not in all cases as an absolute, at least as a relatively curable affection.

Treatment of Epilepsy by the Combined Employment of the Bromides and an Organic Agent Capable of Producing an Anemic Condition of the Nervous Centers.—Poulet calls attention to the many cases of epilepsy that are rebellious to the isolated action of the bromides. Notably in small children, the bromides administered alone are generally inefficacious. A large number of epileptic adults are no less refractory to the action of the bromides. In other cases these inorganic salts are poorly borne in the large doses in which it becomes necessary to administer them. Under these diverse circumstances good results may be obtained by associating certain organic agents with the bromides. It is to the cerebral ischemia produced by the bromides that their efficiency is due in the neurosis with congestion of the nervous centers, such as epilepsy and eclampsia. The organic agents that are useful in epilepsy act in the same manner on capillary circulation. Foremost among these is the Calabar bean or its active principle, the sulphate of eserine. Then come picrotoxine and belladona or the sulphate of atropine. Finally, digitalis meets certain particular indications.

According to the researches of M. Martin-Damourette, eserine determines two antagonistic effects: convulsions, by over-excitation of the motor centers, and paralysis, by a diminution of the excitability of the motor nerves. Large doses kill by over excitation of the bulbo-spinal apparatus, with resulting convulsive asphyxia, before the function of the motor nerves becomes depressed in a degree sufficient to cause an antagonism to this over-activity of the centers. Small, fractional doses of eserine, on the contrary, suffice to paralyze the motor nerves without producing over-excitation of the nervous centers; once in this state of neuro-paralysis, the animal tolerates even toxic doses of eserine. If fractional or paralyzing doses of eserine are thus antidotal to massive, toxic, convulsive doses, they will also be antidotal to epileptic convulsions.

Atropine exercises upon the muscles effects similar to those of eserine. This is the reason for its efficacy in certain cases of epilepsy. It must be borne in mind that it is necessary to avoid giving belladonna or daturine to patients who are taking eserine. In truth, if eserine and atropine are given in doses non-toxic, but large enough to develop convulsive action, their spasmodic effects unite, and death follows from convulsive asphyxia. If these two agents are given in doses much less than the toxic dose of each, the hypokinetic effects are added to each other, and death follows by paralytic asphixia. Finally, if the dose of atropine be to small, it will only develop neuro-paralysis sufficient to overcome the convulsibility that would be produced by fatal doses of eserine. One then realizes the antidotism of Fraser.

Side by side with Calabar bean and belladonna, in their anti-epileptic influence, may be placed picrotoxin. This latter, which is neither an alkoloid nor a glucoside, but a neutral principle, also exerts a different action, according to the doses administered. In his *Traite de Toxicologie*, Orfila has well described the accidents occa-

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sioned by large doses. They are veritable epileptiform crises, with ocular congestion, lividity of the tongue, foaming at the mouth, general insensibility, and convulsions. According to Cayrade, picrotoxine in large doses determines insensibility and tetanic convulsions analogous to those of strychnine. The spasm, however, does not involve the extensors, but the body retains the attitude which it assumed at the onset of the toxic actien—in other words, strychnine is tetanic in action and picrotoxin cataleptic. According to Pereira, picrotoxin in moderate doses has a depressing effect upon the voluntary muscles, occasioning obstinate difficulty of movement

In small children, in whom the bromides alone are often but slightly efficacious in arresting epileptic convulsions, one may associate with them indifferently, picrotoxin, atropine, or eserine. The combination acts surely, with brilliant results. Poulet has, with gratifying success, employed these organic agents in combination with the bromides in a large number of cases of epilepsy in both children and adults. He reports the case of a man, fifty years old, in which bromide of potassium in combination with picrotoxin and bromide of arsenic failed, while complete success followed the substitution of Calabar bean for picrotoxin. In a young woman twenty-one years old, the bromides alone and associated with picrotoxin failed to check the convulsions. Success followed, however, on associating with the bromide of potassium a preparation of Calabar bean or its active principle. In a woman fifty-three old years, after failure with the use of the bromides in various combinations, as well as with Calabar bean and picrotoxin, the paroxysms were arrested by the administration of the sulphate of atropine associated with the bromide of potassium. A case of cardiac epilepsy was relieved by the combined action of bromide of potassium and digitalis. Poulet believes that the tendency to crime seen in certain epileptics as the fatal consequence of their malady, may be efficaciously combated by the medication suggested. It is necessary to determine which of the organic agents should, in a given case, be preferred. The state of the pupil will, at times, guide in the choice. If, as frequently happens, the pupils do not furnish any positive indication, the selection of the remedy must be governed by the effects produced.

The doses of the drugs will vary according to the age of the patient, individual idiosyncrasy, and the intensity of the disease. In adults, generally from 75 to 90 grains of the bromide of potassium for a woman, and from 105 to 120 grains for a man, may be given daily. With this may be given 1-6 of a grain of sulphate of eserine, or 1 6 of a grain of picrotoxine, or 1-65 of a grain of atropine. Thirty drops of the tincture of Calabar bean or 12 grains of the crude drug in powder may be substituted for the eserine, and 30 drops of the tincture of belladonna or 7½ grains of the powdered root for the atropine. If the patient is a cardiac epileptic and digitalis is preferred, 20 to 30 drops of the tincture, or 3 or 4 grains of the powdered digitalis may be given. The drugs should be given before or during meals.—*BulletinGeneral de Therapeutique*, No. 10, 1891.

A Study of Ergot.—[Experiments made in the Biological Laboratory of John Hopkins University, by John C. Hermoter, Ph. D., M. D., of Baltimore, Md.]—In no department of experimental therapeuties do we meet with such manifold and contradictory results, or with more widely digressing theories than

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those concerning the action of Ergot. A part of the discrepancies in the opinion of investigators might be explained by the fact that the quality and efficacy of Ergot and of its preparations obtainable in pharmacies vary greatly. Some of the secondary results in the experiments upon animals which I made, were undoubtedly caused by the impurities of the Egot used. (Emboli in the Pulmonary and Cardiac circulation). After trying numerous preparations of Ergot, including some Ergotine of European manufacture, my attention was at last called to a form of liquid ergotine made in Baltimore by Sharp and Dolme, which gave evidences of being a standard preparation, both in clinical and experimental application. I have had some of this ergot in my possession for nearly Ten months (since Feb. 3, 1890). It has deposited no sediment, has a fresh pure odor, and is very effective, This ergotine solution, which is the most concentrated liquid preperation of ergot that can be obtained, has since become known under the name of ergotole, to distinguish it from the numerous and widely differing preperations sold under the name of ergotine. In my experiments this form of ergot was used, together with two forms of fluid extract of ergot, the officinal containing hydrochloric acid, the other no acid, which, however, were more bulky. The objects of the experiments were: 1st. To determine whether the contractions of the uterus by ergot is of contric or poripheral origin. 2d. Whether the peristalsis of the intestines is increased or diminished by ergot. If increased, whether this be due to a centric or peripheral action of ergot. 3rd. Whether the cause of the contraction of the blood vessels in theomentum is central or peripheral. 4th. Whether ergot produces a rise or fall of blood pressure. Whatever change occurs, is it due to an action on the heart and arteries or of the spinal cord? 5. The action of ergot on temperature. 6th. Influence of ergot on rate of blood flow. As a result of an exhaustive series of experiments on animals, reported in detail in *The Medical News*, I have concluded: 1st. That ergot in producing contractions of the uterus acts primarily and essentially upon the lumbar cord, *i.e.*, its action in causing peristalsis of the uterus is centrics not peripheral. 2d. That ergot, in producing intestinal peristalsis, acts directly on the cord and only reflexly upon the intestines, its action in this case, too, being contric, not peripheral. 3rd. That ergot produces constriction of the arterioles and capillaries in the omentum and ear of rabbits and in the frog's web as long as the cord and the vagi are intact. These being destroyed constriction is no longer produced by the drug; its action in this case is centric, not peripheral. 4th. That we have a right to assume that the physiological rise of arterial pressure under ergot is due to its action on the arterieles, not on the heart. 5th. That ergotole seems to act like quinine in reducing temperature, and, at the same time, the amount of urea in the urine; and, judging from its effects on the heart and on the circulation and from the phenomena of orgotism, we are disposed to believe that ergot diminishes general metabolism, and that this may be a cause of the fall of temperature under its influence. 6th. That ergot reduces the rate of the blood current. The therapeutic effects of few drugs correspond so closely with their physialogical action as do those of ergot. Upon the power of ergot to constrict the arterioles and to cause arterial and capillary anaemia depends its application in a large number of disease conditions. It has been successfully used in haemoptysis, haematemesis, epistaxis, haemorrahage from the gums, renal, haemorrhoidal and vesical haemor-

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rhage; in the bleeding caused by carcinoma, and in haemorrhage dependant upon a dyscrasis as purpura haemorrhagica. In menorrhagia and leucorrhoea, which are produced in certain cases of endometrial congestion; in colliquative sweating due to relaxation of cutaneous capillaries; in enlargemene of the spleen and in vascular goitre it has been found of value. When ergot is given to a patient suffering from acute localised inflamation—pneumonia, for instance—its main influence is exercised upon the parts pathologically altered, while those parts of the circulation in which normal arterial torus has been maintained, but are all lightly affected. Kohler has discovered that ergot diminishes the irritability of the periph-sensory nerves and thus reduces reflex, although these influences of ergot have little therapeutic utility per se, they become important in connection with other well established effects of the drug. In all acute inflamations, with high fever, rapid pulse, hurried respiration, and congestion, if we can employ a drug which will allay these systoms and at the same time lower reflex excitability, it is most desirable to do so. The power of ergot to reduce temperature, the number of pulse beats, the number of respirations, and at the same time maintain increased arterial pressure, makes it a most important agent in the management of certain conditions in pneumonia. In a most scientific contribution to the Third German Gynaecol-Congress, Prof. Schatz defines the contractions of the uterus when produced by ergot as *not* differing from the normal in their manner and character, provided toxic doses are avoided. In case contractions are already present egot increases their number, but does not render them stronger. The force is greater as a general rule in normal labor when the frequency of the contractions is from 6-10 in thirty minutes. The action of the secale begins fifteen minutes after administration by mouth and is greatest in thirty minutes. *In labor* ergotole is indicated when the child's head is low, the parts relaxed, the pains absent or feeble, and there is danger in delay from haemorrhage or other alarming symptoms. 2d. When the pains are suspended and convulsions set in, venesection being necessary. 3rd. In inevitable abortion. 4th-When the placenta is retained, owing to uterine inertia. 5th. In post-partum haemorrhage. In pneumonia when there is a demand for more steadiness and tone in the heart, ergotole if given in connection with digitalis is perhaps the most reliable agent that we possess for resisting the over-engorgement of the pulmonary vessels during the first stage of the disease in which the condition of the heart is found to exist. In the two cases, one of catarrhal and one of croupous pneumonia, with exudation filling up the entire left lung, and with coarse moist rales throughout the left lung, ergotole was employed, the Clinical Chart which follows being a record of the latter.

The expectoration in both cases was profuse, thin, and contained an abundance of blood. From the time that the infiltration first became manifest by unmistakable physical signs, with rapid, weak pulse, hurried respiration, and high fever, the patients were put upon ergotole, 15 minims in half an ounce of whisky every two hours. Although a number of other remedies were kept at band to be used hypodermically should occasion arise, none of them was made use of. These two cases of pneumonia were treated exclusively with ergotole and good nurishment, and both made a speedy recovery. In these cases we are warranted in believing that the ergot in itself had a specific influence over the progress of the exudation,

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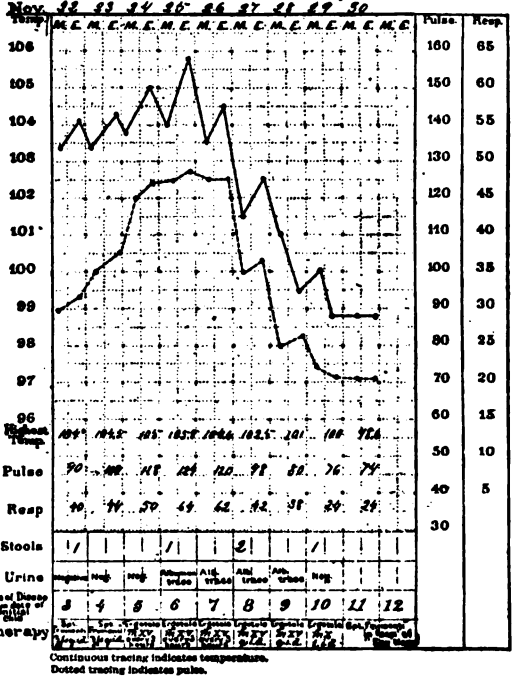
Record of Temperature, Pulse, Respirations, etc., of a case of CROUPOUS PNEUMONIA treated with Diet and Ergot exclusively.



for no such effect could reasonably be attributed to the whisky which was taken. After the fever had subsided and the pulse was almost normal, both cases were put on tonic mixture containing iron, quinine and strychnine. When we think of the physiological action of ergot, we cannot fail to realize what a powerful agent this drug, used in the form of ergotole, is in checking inflammatory exudations, as clinical experience has undoubtedly proven it to be in the first stage of pneumonia. If transudation depends upon the permeability and elastic distensibility of the vessels, we know that ergot by constricting these, can reduce peri-vascular engorgement; if transudation is associated with increased heart's action, we know that ergot reduces the number of heart beats. If the beginning of pneumonic exudation is associated with hurried breathing, we know that ergot reduces the number of respirations per minute. If transudation is connected with fever, we know that ergot reduces temperature. If the fever in inflammatory exudations lower blood pressure, we know that ergot raises it. All of these physiological affects, directly counteract the main features of pathological process, and check further transudation, while the lymphatics carry away the exudation that has already occurred. *In haemorrhages.*—In two cases of dysentery that proved rebellious to treatment with astringents, bismuth, opiates and even a flushing of the large intestine; after ergotole was persistently used the haemorrhage ceased and recovery occurred. Few facts have been so well established clinically as the decided effect of ergot in haemoptysis. *In hemicrania.*—In our experience, cases of simple hemicrania with the

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ophthalmoscopic appearances and other evidences of cerebral hyperaemia, have been relieved by the use of ergotole without any other medication. In a case of migraine associated with a very irritable stomach, ergotole hypodermically gave very gratifying results. In brief, whenever uncomplicated cerebral hyperacmie can be definitely discovered, ergot in the form of ergotole is the drug par excellence

The Modern Treatment of Syphilis from an English Standpoint.—Jonathan Hutchinson, in the *Practitioner*, gives an extremely clear and practical exposition of his views on this subject. It is rare that the primary phenomenon of a hard-based ulcer is present until a month after the reception of the virus, and secondary phenomena are scarcely ever in full career under two months. Some years then usually elapse before tertiaries appear. The use of mercury has been steadily gaining the confidence of the profession. There are scarcely any anti-mercurialists left except in Edinburgh, and some of the worst cases seen have come from that place and had been treated without the use of that drug. This advance in its favor is due to the difference in the manner and time of administration. The "abortive treatment" is gaining ground, and under proper treatment there is not the slightest difficulty in nine cases out of ten in suppressing the second stage. All that is necessary is that the patient shall take continuously such doses of mercury as he can bear, just short of ptyalism. They must be sufficient to cause the rapid and complete disappearance of the primary phenomena. If they are allowed to linger, the secondary ones will invariably follow. Under mercury, the primary sore will invariably melt away, and if a secondary rash has been allowed to develop itself, it will almost invariably disappear also. It does not display such definite powers in the tertiary stage. The author still uses the hydrarg. cum creta (gray powder), to the exclusion of other preparations, and modifies the frequency of the dose rather than the dose itself. Blue pill which comes nearest to it, is less efficient and more liable to disagree. A pill containing one grain of gray powder, with enough opium to prevent griping, is his almost invariable prescription. This is taken from three times a day to every three or two hours according to its effect. The patient is to abstain from fruit and green vegetables and everything else likely to cause diarrhœa. If this cannot be avoided, inunctions of the vapor bath may have to be resorted to. When mercury affects the tonsils or pouches of the cheeks, a combination of the iodide of potasslum with a very small dose of mercury may be tried or the former used alone. When debility, emaciation or neuralgic pains are produced, quinia and iron will have to be combined with the specific. Tonics seem to necessitate the use of larger doses and should not be used. Fresh air acts in the same way, and the recovery is quicker if the patient is kept to his room or in bed. This is only rarely necessary. He believes that patients well treated by mercury during the secondary stage have a better chance than others of escaping tertiary phenomena. Syphilis is milder now than it was twenty-five years ago. In tertiary spmptoms iodide of potassium is especially useful in disease of the bones, lupoid affections, gummata and affections of the nervous system. In some patients it acts as a depressant, and then an ammonium or sodium salt should be substituted, although they are not so efficacious. A favorite prescription combines all three with what should never be omitted—a small quantity of free ammonia. Of the tertiary phe-

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nomena, he believes it true that if once cured by any agent they but seldom relapse, but if only partially cured they invariably do so. The iodides of mercury are more apt to disagree and are not so efficacious as the separate drugs. A long continued mercurial course is very apt to cause a considerable improvement of the general health independent of its specific action. The number of persons whose lives have been shortened by sypilitic maladies is extremely small. Those affected with either syphilitic or mercurial stomatitis are more apt than others, if they smoke, to get malignant disease of the tongue. He is in the habit of giving mercury in ataxia and the general paralysis of the insane, if in the latter there is a history of syphilitic antecedents, Ataxy is seldom seen except in those who have had syphilis. In inherited syphilis, in infants, inunctions are effectual; also, a solution of bichloride of mercury in small doses acts better than gray powder. If there is any evidence of bone disease, iodide of potassium should be combined with it. If the specific is well borne and the child passes favorably through the secondary stage, there is very little danger of relapse, and good health may be expected, say till the age of 15, when keratitis, deafness, ulcerations of the throat, etc., may come on. In these cases specifics do not seem to exercise any definite power. Mercurials and iodides should be prescribed promptly and liberally, but we must be prepared to encounter disappointment.—*University Medical Magazine.*

The Treatment of Placenta Prævia.—Prof. Theodor Wyder, in an address delivered at Zurich to the convention of the Central Association of Physicians and Surgeons, condemns the present plan of treatment by tamponing carried out by most practitioners, *i. e.*, tamponing of the vagina with subsequent internal version and rapid extraction of the child, and in its stead recommends the combined version method employed by most German clinicians, first recommended by Braxton-Hicks, and endorsed by Schrœder and Gusserow. According to Wyder, the disadvantages of the first method are: (*a*) The hemorrhage from the opened uterine sinuses will not be prevented with absolute certainty by the tamponage. The latter is moreover contra-indicated after rupture of membranes, because of the danger of concealed hemorrhage. (*b*) Very great danger of septic infection is associated with the manipulations incidental to the method, and this danger cannot always, even with the observance of the strictest antiseptic precautions, be avoided. (*c*) Rupture of the lower uterine segment inevitably follows the attempt to make rapid extraction at once after turning. (*d*) The hemorrhage occurring during the third stage of labor, and the manual separation of the placenta which is thereby necessitated, together with the ill consequences which often follow, constitute a further group of serious symptoms. (*e*) Still another disadvantage of the tampon method is the enormous loss of time which the busy practitioner will sustain, because of the necessity of exercising most careful vigilance during the treatment. All these disadvantages are avoided by the Braxton-Hicks method, inasmuch as by means of the early rupture of the membranes the further separation of the placenta is prevented, and the natural tampon—the breech of the child, which has the additional advantage of being completely aseptic—forestalls any hemorrhage. Schrœder aptly and impressively describes the method when he says: "Rupture the membranes and bring down a foot." If the breech presents this will be a simple matter; not so,

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however, if the head or shoulder presents, for in this case version must be made in order that we may be able to reach a foot, and because the os uteri is yet small, version must be practised as it is described by Braxton-Hicks. Having turned the child and brought down a foot, the expulsion of the child should be left to nature as much as possible. Only circumstances immediately endangering the life of the mother or child furnish indications for rapid extraction. Separation of the placenta by the hand should be avoided if posssble. In performing version, Wyder recommends insertion of the operating finger into and through the placenta mass when the os is completely occluded, while at the same time the other hand is engaged pressing the respective part of the child toward the finger entering the placenta. The hemorrhage caused by the injury thus done the placenta is of small quantity and little importance. The principal objection heretofore offered to this method regarded the great mortality percentage of the children. Wyder correctly points to the very materially diminished mortality rate of the mothers in antithesis. The mortality among mothers with the old plan of treatment in vogue reached 30 to 40 per cent, whilst the statistics of the clinics of Schrœder and Gusserow, as well as the various polyclinics, show a mortality percentage of 6 to 7 per cent with the method of combined version. The mortality among children reached 50 to 70 per cent with the old method, not including the 30 to 40 per cent of the survivors who died within a fortnight from insufficient vitality, whilst the new method can show almost as good a record with 70 to 80 per cent of deaths.—*Practische Arzt* 3, 91.

Somnal, A New Hypnotic.—Somnal is a new hypnotic, which was introduced a year ago by Radlauer, of Berlin. It is formed by a union of chloral, alcohol, and urethan, but the resulting compound is a complex body and not a simple mixture. Its physicial characters are thus described by Dr. Frank Woodbury, of Philadelphia, who administered it in several cases, in doses from twenty to thirty minims, with very favorable results:

Physicial Characters.—" Somnal is a colorless liquid, resembling chloroform in its appearance and behavior when added to cold water, in which it forms globules and refuses to mix or dissolve when shaken with water the mixture is milky but quickly separates. It is soluble in hot water and alcohlic solutions, and dissolves resinous substances and fats. The odor is faint, not very penetrating or disagreeable, resembling that of the spirits of nitrous ether, or recrystiallzed chloral. The taste is very pungent, and for adminstration it needs free dilution. It may be given with whiskey or syrup of licorice. Somnal is inflammable burning with an alcoholic flame; it does not evaporate quickly, and leaves a greasy stain upon blotting paper. Specific gravity greater than water; reddens litmus paper slightly."

I have recently tested the physiological action and toxic effect of the drug upon animals at the Loomis Laboratory as follows:

Experiment I.—Five cubic centimtres were injected slowly into the rectum of a cat. In a minute and a half the tongue and retinal vessels became decidedly congested. The pupils were dilated and the pulse became very feeble. In ten minutes slight paresis of the hind legs appeared and the animal staggard in walking. The fore legs were unaffected. Defecation ensued, which was performed with a great muscular effort. When in sitting posture there was evident vertigo, indi-

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cated by by swaying of the head and body. The facial expression was dull and listless. and the animal was apparently sleepy, but was easily aroused by coaxing when she would stand up and walk with an unsteady gait, the hind legs being not well straightened. I attributed the cat's difficulty in walking to vertigo rather than to actual loss of power, for the fore legs were not affected at all, and the hind legs were voluntarily used with good co-ordination in scratching her sides, In twenty minutes the cat became very quiet and sleepy. Both pulse and respiration were increased by about half the normal rate. When aroused by a call, the animal would get up and walk about with an unsteady gait, but soon sought a quiet corner and dozed. In forty-five minutes she became much steadier on her feet, and after a few more naps, appeared perfectly normal. The rectal temperture fell two-tenths of a degree.

Experiment II.—Fifteen cubic centimetres of somnal were injected into the stomach of another cat through an œsophageal tube. The animal died in two minutes. The respiration ceased first, and the heart stopped half a minute later. Post mortem examination showed the liver and spleen both greatly congested and enlarged by engorgements with venous blood. The stomach was congested and irregularly contracted from the local stimulation of the drug. Peristalic movments of the intestines and tremors of the exposed voluntary muscles lasted unusually long. The heart had stopped in diastole with the right ventricle greatly distended, as in chloral poisoning. The pupils were dilated.

Experiment III.—To a black-and-tan dog, weighing nine pounds and a half, twenty-five pounds minims of somnal were given by hypodermic injection. There was no evidence of local irritation. After fifteen miuutes no effect was noted. In twenty-five minutes there was a slight vertigo, indicated by swaying of the body in walking. There were muscular tremors, especially of the hind legs. The pupils were dilated. The dog walked about wagging his tail, but seeming very restless and uneasy. When his attention was diverted he appeared better and looked brighter. There was no important change in pulse, respiration, or temperature. In thirty-five minutes the dog appeared very drowsy, but occasionally opened his eyes. In a sitting posture the body swayed to and fro and the head drooped. In fifty minutes the dog was fast asleep. In an hour and a half the dog was awakened and appeared normal in every respect.

Experiment IV.—To a large bull-dog, weighing twenty-three pounds and a half thirty minims of somnal were given by hypodermic injections. There was no local irritation. In ten minutes he showed decided tremors of the face and abdomen and all the extremities. There were no convulsions, merely decided twitching at irregular intevrals. The animal could walk well enough, but seemed to prefer quiet. The conjunctivæ were congested and the pupils dilated. In fifteen minutes the animal appeared extremly sleepy, and it cost evident effort to awaken when aroused by noises. In half an hour the tremors had diminished, and principally affected the hind legs. In an hour and a quarter the dog was again in a perfectly normal condition.

Experiment V.—A large mongrel dog, weighing twenty pounds, was etherized and a canula was inserted into the right cartroid artery. The canula was connected with a mercurial manometer, and tracings of the normal arterial pressure were

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recorded by a kymographion. Thirty minims of somnal were injected into the abdominal wall. The subsequent tracings showed a decided increase of arterial tension occurring within the first eight minutes, followed by a gradual return of the normal within a few minutes. The influence of the blood-pressure curve became much less marked than normal. No other effects of the drug were evident, and the dog recoverd completely.

These experiments show that—

I. The ordinary dose of somnal (thirty minims for man) may be given by hypnodermic injection to dogs without other effect than drowsiness and slight vertigo and muscular tremor.

II. A dose of one fluid drachm and a half failed to affect a cat except in the the same manner as dogs.

III. A fatal dose of half a fluid ounce stopped the respiration before the heart and caused conjestion of all the abdominal viscera.

IV. The blood-pressure in the arteries of a dog is temporarily increased by somnal, soon returning to the normal.

In the past few months I have given somnal fifty-four times in doses varying from thirty minims to a drahm. It was given to forty different patients, and very careful records of the effect in each case were tabulated, for which I am indebted to Dr. H. A. Griffin, house physician to the New York Hospital, Dr. E. W. Perkins, of the house staff of the Presbyterian Hospital. So far as possible, patients were in the habit of sleeping very poorly, and not at all, unless some hypnotic was given them. Every care was taken to select only those patients who presented well marked cases of insomnia, Cases were selected also with a view to having as great a variety as possible in the causes of insomnia. The list includes, therefore, insomnia due to rheumatism, phthisis, bronchitis (cough), typhoid delirium, delirium tremens, sciatica, various forms of pelvic pain, neuralgias, etc,

The records comprise the diagnosis of the case, the size of the dose, the time occupied in going to sleep, condition on awakening, after effects, effects on digestion, etc. Of the fifty four instances in which somnal was given, it produced sleep twenty-six times within fifteen minutes and forty-three times within an hour. In six cases only it is noted as having no effect at all. In a few other instances where it failed to induce sleep it was found to have a very soothing and quieting effect. Sixteen patients slept practically all night after taking half a drachm. Fifteen more slept bwteen three and six hours, and the remainder for briefer intervals.

In most of the patients the character of the sleep was natural; in only one or two cases did it seem more profound than usual. There were no after-effects noted in any case, with one exception--that of a patient with tuberculosis, who slept seven hours and a half after a half-drachm dose, and felt depressed on awakening. Most of the patients felt considerably refreshed, many of them decidedly so. There was no disturbance of the stomach or of digestion, with one exception, where a a patient with endometritis complained of pain after taking a dose of half a drachmn. Doses of forty-five minims, and even sixty minims, produced no depression of the circulalion or respiration—a very different effect from that of large doses of chloral. A patient with delirium tremens became drowsy in a few minutes after taking a drachm, but soon had to be quieted by other remedies. A case of ty-

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phoid fever with acute delirium almost maniacal, was uneffected by forty minims, but was immediatly quieted by hydrobromate of hyoscine. Pain or cough, if severe, was not much relieved, though a soothing effect was sometimes observed.

Conclusions.—1. The effects of somnal are much more striking and certain than those of urethan, and far less depression than those of chloral

2. There is no vertigo or depression after taking somnal, such as may follow the use of sulfonal.

3. The action of somnal is usually very prompt, and doses of half a drachm, disguised in a little syrup of tolu or whiskey, are always well borne, easily taken, and without deleterious effect.

4. The drug, in doses of a drachm is not powerful enough to decidedly control delirium tremens, manical delirium or severe pain.

5. In doses of thirty or forty minims somnal is a safe and reliable hypnotic for ordinary insomnia.

Before making the physiological experiment above described, to determine the effect of somnal upon the blood pressure, I gave it continuously to a patient with a chronic interstitial nephritis and endarteritis, with phenomenally high tension. He had been taking frequent ten-grain doses of chloral, which reduced the tension very well. Thinking that somnal might have a similarly favorable action, I gave it in frequent doses instead of chloral, but the tension immediately returned to the high degree that existed when the patient was first seen, and remained so extremely high that I was obliged to return to the chloral with the addition of nitroglycerin.

So many of the new hypnotics have one or more objectionable features, and their continuous use results in so many new drug "habits," that it is an evident advantage to have another remedy of this class which can be used interchangeably with others if desired, and which seems to be singularly free from injurious effects and yet strong enough to act promptly and efficienlly in ordinary insomnia not due to intense pain or delirium.—*W. Gilman Thompson, in New Eng. Med. Monthly.*

Delivery in the Erect Posture.—There being only a limited number of cases of sudden and unexpected delivery in the erect posture on record, the following case is perhaps worthy of mention; S. D., aged twenty-one, who had previously, after a lingering labor given birth to one child, was recently visiting a friend, when she felt a sensation of giddiness. She therefore left and started on her way home. Having walked fifty yards, a sudden pain in the abdomen was experienced; the pain was so acute that she retired to a neighboring outhouse. She had no sooner arrived there than she gave birth to a full-term male child. The child fell head foremost on the stone floor. The fall was broken by the cord, the cord was ruptured, and no hemorrhage occurred; the child sustained no injury, not even a bruise being apparent, and is still alive (two months after the occurrence). The mother walked back to her friend's house, and has made a good recovery. There had been a miscalculation of two months in this case of the probable date of parturition, and the mother had no idea of the cause of the pain till the child fell from her.

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A Case of Opium Poisoning.—The following will serve to encourage perseverence to the last in desperate cases of narcotic poisoning, and suggest what means are to be relied on: "At 7 P. M., July 10, 1891, I was hastily summoned to see the female child of G. E. The child, a babe of four weeks and five days old had suddenly passed into a stupid, collapsed condition which greatly alarmed the parents. A careful examination convinced me that the babe's condition was due to the administration of a narcotic. The pupils were minutely contracted, the muscular system was relaxed, the breathing was slow, irregular and very shallow, the pulse was very rapid and weak, reflex action was almost completely suspended, and the skin was cold, clammy and slowly becoming livid over the extremities. This array of symptoms plainly indicated some form of opium as the poisonous agent. Upon questioning the parents, I found they had made up during the day a cordial for the relief of the colic after the following recipe: Take one pint of rain-water, one teacup of New Orleans molasses, one ounce of laudanum, one ounce of alcohol, two scruples of salts of tartar, fifteen drops of essence of sassafras. Boil the water, molasses and salts of tartar, skim, mix all together. Dose, one-half to one teaspoonful. At two o'clock in the afternoon half a teaspoonful of the mixture was given to the babe; at five o'clock the dose was repeated. Within an hour after the last dose the babe had sunk into a deep sleep, and by seven o'clock the parents were thoroughly alarmed at its condition. Efforts were at once commenced to arouse the child from the profound stupor, but it seemed like a hopeless task. Drop doses of tincture of belladonna were administered every half hour until four doses had been poured down the babe's throat, after which it could no longer swallow. Strong coffee was immediately prepared and administered by enema, one ounce at a time. This was repeated every half hour for three hours, by which time the sphincter had become so relaxed that the enema could only be kept in the rectum by pressure against the anus. As I was unable to remain constantly with the child, on account of a very critical case in an adjoining house, I sent a messenger for Dr. A. N. Wakefield, who kindly responded at 8 P. M. He agreed as to the diagnosis and treatment, and remained with the child until midnight, when I was able to relieve him. In addition to the means of stimulation being used, Dr. Wakefield applied cold water to the head by pouring from a pitcher. This aroused the babe slightly, but he found it necessary to resort to artificial respiration at times. By one o'clock of the morning of the 11th the babe's condition was critical in the extreme. The coma was profound, the pulse was imperceptible at the wrists. Shaking, spanking, cold water poured upon the head or sprayed on the body by a strong atomizer, could no longer stimulate it to breath regularly; the sphincters were relaxed, the ears and extremities were blue and cold, and respiration was carried on by weak, shallow and irregular gasps. The neighbors who had gathered in the house, anxious to render aid, left, believing that the babe must die in a very short time. Most of them thought the efforts being made to keep it alive were simply prolonging the death agony in an unnecessary degree. I felt convinced that the antidotes were of very little use in the condition of extreme collapse, when all the functions of life were practically suspended, and that if life was to be saved the babe must be kept breathing until the drug had spent its force. A lady neighbor, whose common sense and nerve never deserted her, held the babe on her lap while I continued arti

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ficial respiration without interruption. About once every half minute there would be a shallow spasmodic effort at breathing. Sick at heart, the parents left the room while my faithful assistant and I persisted in the long, weary battle for the child's life. After working two hours we noticed a slight twitching at the lips, the breathing gradually increased in frequency and fullness, the skin began to get red, and at 3 A. M. the child opened its eyes and breathed naturally. The coffee injections and the tincture of belladonna were given again and the parents called into see the amazing change which had taken place. But the change was only temporary; within twenty minutes all signs of recovery had vanished and the coma was as deep as ever. We did not relax our efforts, however. From 3:30 A. M. until 8 A. M. the child was kept alive by artificial respiration. During this interval it revived four times sufficiently to breathe for a few minutes, but soon relapsed into the stupor. At 6 A. M. death seemed to be inevitable; the chest muscles would become fixed and the entire body get livid, but the patient, unceasing pumping of the arms supplied sufficient air to maintain life. By eight o'clock the breathing had improved to such an extent that the artificial method could be stopped for a few minutes at a time; but even then it was necessary to renew the effort very frequently. Dr. Wakefield relieved me during the forenoon and kept up the treatment for two hours, at which time the babe was out of danger. At 3 P. M. it took the breast, passed water, and had a movement of the bowels. It continued to sleep until the morning of the 12th, when it awoke very little the worse for the terrible ordeal through which it had passed.—GEORGE W. WAGONER, M. D., Johnstown, Pa., in the *N. Y. Med. Jour.*

Gouty Diabetes.—This rather complicated condition is one which requires great care in its therapeusis, and its treatment is frequently of a prolonged character. Many methods have been proposed with more or less success attendant upon their application. One of the best which has been devised is that of Dr. Martineau, of Paris, who has definitely cured 67 out of 70 cases in the past twelve years. Dr. Dujardin-Beamitz has also recommended and even adopted this treatment, in which they have employed carbonate of lithium and arsenic in such manner as it is combined and manufactured by Enno Sanders, whose formula is as follows:

℞ Lithium bicarbonate.....gr. 5.514
Sodium arsenite.....gr. 0.100
Carbonic water.....℥ 16.00
M.

This quantity, which is the contents of one bottle, should be taken, mixed with claret wine, at three successive meals. The diet need not be restricted, with the exception of starch, sugar and fruit. The latter articles should be prohibited, but in so far as the rest of the diet for diabetics is concerned, considerable freedom may be permitted. In taking the water care must be exercised to drink it during or immediately after eating, although it is a better and preferable method to take it during the course of the meal. The addition of the carbonic water renders the remedial agents less irritating to the stomach and also adds to its palatable qualities.

DOCTOR, return the slip you will find enclosed, properly filled out for 1892, and receive the November number (Mississippi Valley Medical Society Proceedings), as well as our handsome illustrated Christmas issue, FREE. Extra copies, 25 cents.

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Novel Treatment of Ingrown Toe Nail.—Dr. Puerckehauer recommends a novel and simple and at the same time competent, treatment for ingrown toe nail: A 40 per cent solution of potassa is applied warm to the portion of the nail to be removed. After a few seconds the uppermost layer of the nail will be so soft that it can be scraped off with a piece of sharp-edged glass; the next layer is then moistened with the same solution and scraped off; this must be repeated until the remaining portion is as a thin piece of paper, when it is seized with a pincette and lifted from the underlying soft parts and severed from the other half. The operation does not require more than half an hour's time, is painless and bloodless, while the patient is delivered from his suffering without being disabled for an hour.—*Pittsburg Med. Review.*

Some Fallacies in Gynecology.—The pessary fallacy is a most pernicious one. The pessary craze still has a firm hold, not only upon women, but clings tenaciously to a majority of the profession. There are some cases were a well adjusted pessary serves a good purpose as an adjunct to the cure or promotion of the comfort of the patient, but the indiscriminate, unscientific, and perhaps, criminal use of pessaries by amateur gynecologists and physicians experienced in general practice, but unskilled in gynecology, is only mentioned to be condemned in the strongest terms. Another fallacy is "the ulceration of the os." This disease exists, in the majority of cases, only in the mind of the physician. Laceration of the cervix does not necessarily require an operation for its cure. Experience has taught Ferguson that the great majority of cases of laceration of the cervix can be cured without subjecting the victims to dangerous operation. During the past year he has operated on but one laceration of the cervix; during the same time a dozen have been cured by other treatment. The "change of life" is not necessarily a period of peculiar peril and intense suffering as is often supposed. If a woman has good health and no organic disease of the reproductive organs, she will suffer nothing more at this period than slight nervous symptoms, such as flushes, slight headache, etc., the results of vaso-motor disturbances. If she has pain or hemorrhage, or profuse leucorrhœa, singly or combined, it is almost certain she is afflicted with organic disease, as cancer, fibroid tumor, endometritis, salpingitis, or ovaritis. During the past year four women who were supposed to be suffering from "change of life" have passed through the hands of Fergusen, and three of them are now dead from cancer. A fallacy of firm hold in the minds of many is that pruritus vulvæ is frequently a neurosis—that is to say, that it is of centric origin without any lesions of structure, or accompanying affections to account for it. Where uncleanly habits of the patients are not the cause, the trouble can be traced to some disease existing in the vagina, the uterus or the bladder. These are only a few of the numerous falacies.—*Times and Register.*

A Substitute for Mothers Milk—The action of diastase, whether it be that derived from barley or other cereals, is by no means limited to starch, which under its influence undergoes transformation into dextrin and sugar It is well known that in trustworthy preparations of codliver oil and malt the oil does not exist in the free state, but in the condition at present regarded as an emulsion, and, as

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is shown by the microscope, immediately on the addition of water oily globules are seen to separate. The precise nature of this action of diastase does not appear to have received much attention. From recent experiments it would also seem that diastase acts in such a manner upon the casein and albumen of milk as to render these bodies uncoagulable by acids. Surely this is a subject which recommends itself to the attention of investigating chemists. Advantage has already been taken of this property of diastase by the Malted Milk Company. They are introducing a preparation of dry malted milk. During the process of manufacture they regard the casein of milk to be so acted upon by the diastase as to become partially predigested, for experiments show that on mixing active malt with milk and maintaining the mixture at blood heat for a few hours the casein is rendered uncoagulable by acids. The company's own account of the composition of the dry powder which they prepare is given in the following table:—

	Water.	Sugar.	Dextrin	Fat	Albuminoids.	Ash.
Malted Milk (Company Analysis)	3.27	46.68	17.16	6.78	22.26	3.90
Malted Milk (THE LANCET Analysis)	2.21	63.59 (and dextrin)	——	8.40	21.85	3.95
Human milk	4.00	46.78	——	23.39	23.39	2.44

The analyis made in our laboratory substantially confirms this, and it will be seen that chemically the composition of malted milk resembles that of human milk (for which it is offered as a substitute) supposing all but 4 per cent of water had been removed. Important differences, however, consist in the presence in the prepared milk of a less quantity of fat; while, of course the dextrin owes its origin entirely to the malt. The flavor of malted milk is excellent, and it will be interesting to all to watch the results accruing from the practical use of this product, which is likely enough to prove an important contribution to food supply.—*London Lancet.*

THE September numbr of *Babyhood* contains an important article on diphtheria, by one of the most eminent authorsties on the subject, Prof. J. Lewis Smith, of Bellevue Hospital Medical College The writer summarizes the results of the latest researches concerning that dreaded scourge of childhood in a manner which cannot fail to attract wide attention; "Eczema in Childhood" is another medical article which will commend itself to young mothers. The writer is Prof. George Thomas Jackson, of the Woman's Medical College. Under "Nursery Helps and Novelties" will be found useful suggestions for the sick room, descriptions of a medicine chest, of baby-guards, etc. The mothers record their experiences in the "Parliament," Baby's Wardrobe," and in the other departments of that monthly nursery guide. 20 cents a number; $2.00 per year. Babyhood Publishing Co., 5 Beekmau Street, New York.

RUDYARD KIPLING's new novel, written in collaboration with Wolcott Baleftier for *The Century*, is entitled" The Naulahka, a Tale of West and East." It is a story of America and India. The principal characters live in a "booming" Colorado town, where the story opens, but the scene quickly shifts to the court of an Indian maharajah, whither the hero and the heroine journey to meet with most varied experiences. The story will begin in the November *Century*.

DON'T miss THE MEDICAL HERALD's November Society Proceedings.

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Mellin's Food

FOR INFANTS AND INVALIDS.

A SOLUBLE DRY EXTRACT, prepared from Malted Barley and Wheat, consisting of Dextrin, Maltose, Albuminates, and Salts.

The SUGAR in MELLIN'S FOOD is MALTOSE. MALTOSE is the PROPER SUGAR for use in connection with cow's milk.

The sugar formed by the action of the Ptyalin of the Saliva and the Amylopsin of the Pancreas upon starch is MALTOSE. In the digestive tract MALTOSE is absorbed UNCHANGED.

— Landois and Sterling.

MALTOSE is a saccharose, not a glucose, and is a form of sugar which does not ferment.

— Materia Medica and Therapeutics, Dr. Mitchell Bruce.

"I have never seen any signs of fermentation which I could attribute to the influence of MALTOSE."

— Eustace Smith, M.D., F.R.C.S.

MELLIN'S FOOD, prepared according to the directions, is a true LIEBIG'S FOOD and the BEST SUBSTITUTE for Mother's Milk yet produced.

IT REQUIRES NO COOKING.

THE DOLIBER-GOODALE CO.,
BOSTON, MASS.

PEPTOGENIC MILK POWDER::::

Yields the Only Substitute for Mothers' Milk

Which conforms to the present status of knowledge of the composition of cows' and human milk, and the physiology of infant digestion — the only food which conforms to the universally accepted postulate that the best artificial food for an infant is that which in the highest degree resembles mothers' milk.

The pivotal feature of this process is the physiological conversion of the caseine by a digestive ferment, an expedient far more effective and convenient than any hitherto devised, and which makes possible the quantitative and qualitative modifications of cows' milk to a correspondence with human milk, as indicated by the results of comparative analyses.

We submit the Peptogenic Milk Powder and method solely upon this ground, as a scientific, practical and successful method of modifying cows' milk to the known composition of human milk.

Upon this ground we ask the attention of every physician interested in providing a food for infants deprived of breast milk.

Samples and complete information, sent upon demand.

FAIRCHILD BROS. & FOSTER,

No. 82 AND 84 FULTON STREET.
NEW YORK CITY

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News and Miscellany

DR. OLIVER WENDELL HOLMES is now 83 years old.

SOMETHING interesting in regard to popular fallacies on page one.

DR. E. H. BULLOCK, of Mound City, paid THE HERALD a visit recently.

THE DREVET MFG. Co. have displayed good taste in their new announcement.

THE Illinois Army and Navy Medical Association has been organized in Springfield.

THE Burlington and Missouri Pacific routes are making special rates every week to the St. Louis Exposition, and you can attend the Mississippi Valley meeting at the same time.

A GEORGIA doctor captured a burglar who was going through his room, dragged him to the back yard, wound him up to a post with 120 feet of clothes line, and gave him 150 lashes with a horsewhip. He was an allopath.

THE Second Triennial Congress of American Physicians and Surgeons, is in progress at Washington, D. C., as THE HERALD goes to press. The next number will contain a review of the work accomplished by this important meeting, from the short-hand notes of our talented New York Correspondent.

ST. JOSEPH will be well represented at the meeting of the Mississippi Valley Medical Association, at St. Louis. A large number of our local physicians have already signified their intentions, including four of THE MEDICAL HERALD staff. In consequence, we deem it advisable to forewarn Bros. Loeb and Bransford Lewis.

MEDICAL VISITORS FROM ENGLAND.—Sir William MacCormac, Mr. Reginald Harrison, Sir Charles Cameron, Mr. Howard Marsh, Dr. W. M. Ord, Mr. A. E. Durham and Dr. F. H. Haynes, nearly all of whom are booked for some part in the discussions of the Congress of American Physicians and Surgeons, have arrived at New York.

THE MEDICAL HERALD will issue an illustrated Christmas number this year, as a souvenir to its subscribers that will surpass anything of the kind ever issued in the West. This has been a prosperous year for THE MEDICAL HERALD, and its editors and publishers feel like showing their appreciation. Extra numbers of this edition will be placed at 25 cents, and orders for additional copies must be sent in by November 1st.

THE BATTLE OF LIFE is strikingly pictured in every case of pulmonary consumption, and the patient who turns to the trusted family physician for aid instead of "trying" the myriad of "safe cures" so extensively advertised, is to be congratulated. Doctor, have you ever tried the common sense treatment outlined on page 1 of this issue? Read the argument over carefully, and see if the reasoning is not logical and based on scientific principles.

THE death of Dr. Thomas T. Pratt, the son-in-law of the Marion Sims, occured in London on August 29. He served with Dr. Sims on the American Ambulance in the Franco-Prussian war, becoming surgeon-in-chief after the resignation of Dr. Sims and Mr. William MacCormac. Dr. Pratt was born in Mobile, in 1839, and was an alumnus of the Medical Department of the University of the City of New York, of the class of 1861. He served in the Confederate army until near the close of the war, when he went to Paris. His later years have been spent in London, and at the time of his death he was an inmate of the University College Hospital.

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Maltine An extract of Malted Barley, Wheat and Oats, is the most Concentrated and Efficient, and therefore the most Economical of all Malt Extracts.

IN Gastric Affections and Debilitating Diseases, so prevalent during the Summer, Maltine with Pepsin and Pancreatine, and Maltine with Phosphate Iron, Quinia and Strychnia will be found exceptionally valuable, their base being a powerful Reconstructive and Digestive.

An eight ounce bottle of each will be sent upon application to any physician who will pay expressage.

The Maltine Manufacturing Co.

19 Warren Street, New York.

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SAMPLES of Sander & Son's Eucalypi Extract (Eucalyptol) gratis through Dr. Sander, Dillon, Ia. Eucalyptol proper stands foremost as disinfectant and antiseptic Meyer Bros. Drug Co., St. Louis, sole agents. Look for the genuine product.

IN Uffelman's "Manual of Domestic Hygiene of the Child," edited by Mary Putnam Jacobi, M. D., (G. P. Putnam's Sons, 1891), malt preparations are given strong terms of commendation. Mellin's Food is stated to be the best and best known preparation; it is essentially the same as Leibig's Soup, but so prepared as to be marketable, and is of real value if used in combination with milk; it renders the milk more digestible.

NEW PROCEDURE IN ABSCESS TREATMENT.—The treatment of chronic or cold abscess by the method of aspirated and injection of antiseptic solutions, such as iodoform dissolved in ether, is a favorite plan of some French surgeons. Dr. Piechaud, of Bordeaux, has adopted the method with success to the treatment of acute inflammatory abscesses. Instead of a free incision of the most dependent part he aspirates the abscess, after which he injects a solution of 1 in 1000 of corrosive sublimate. For the past ten months he has invariably adopted this method with marked success. Even if the skin over the seat of the abscess be thinned and undermined, this is no bar to the procedure, for which he claims as advantages that it is less painful, leads to more rapid healing, and leaves no traces of scar.

ARSENIC POISONING FROM COAL. — A source of contamination with arsenic recently pointed out is from coal. When coal is burned it is roasted out and it is the only product of the coal which is at first volatile and afterward non-volatile. A part of the smoke that goes into the air is arsenious acid mixed with carbon, and a large part of it lodges in the chimneys. Now take a city like London, or any of the great English cities where coal is burnt very freely, there the quantity of arsenious acid that is given into the air must be very considerable, and it would be interesting to make comparative tests of the urine of persons in a city like Boston and in a city like London. The Engish coal is very bad coal in this respect. Every ton of coal burns off about twenty to forty pounds of sulphur. That sulphur is transformed into sixty pounds of sulphuric acid, which has left its stain upon every marble building in London. I speak of the sulphur because the sulphur is largely accompanied by arsenic.

COLUMBUS DRANK IT.—Or, at least, so they say! "It," refers to cocoa. There is a legend none too well authenticated it is true, but of sufficient interest to make it in point just here, to the effect that when Columbus had landed and sufficiently secured the confidence of the native American, he one evening approached the camp fire of a party of Indians, and found them drinking. To show their good will for him, a dusky maiden presented him, in a cocoanut bowl, with a liquid now so well known to people of refined tastes, and he, fearing that something might have been mixed with it to cause his death or serious sickness, at first refused to drink it; whereupon the maiden to induce his confidence, seized the bowl and drank its contents. Filling it again she presented it to him with all the grace of a nature-taught refinement, and without hesitation he drank it and liked it. Well, whether this be true or not, certain it is that Spain, the country from which Columbus sailed, very soon learned to drink more cocoa (as it does to-day) than any other country in the world; and this is not remarkable, since Van Houten & Zoon have so perfected the manufacture of pure soluble cocoa as to make it not only delicious, but thoroughly digestible and nourishing. They are a Dutch house, but they supply cocoa for nearly all the world. Mr. C. J. Van Houten was the original patentee of powdered cocoa and his unapproachable method of manufacture is still in the possession of C. J. Van Houten & Zoon, Weesp, Holland, as its most valuable secret; for the Van Houten process, by eliminating the excess of fat, increases by 50 per cent the solubility of the flesh-forming elements of this wonderfully nutritious article of food, thereby highly developing the digestibility, strength and natural aroma of the cocoa.

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Weighing the Baby.

Nobody weighed the baby's smile,
Or the love that came with the helpless one;
Nobody weighed the threads of care
From which the woman's life is spun.

No index tells the mighty worth
Of a little baby's quiet breath;
A soft, unceasing metronome,
Patient and faithful unto death.

Nobody weighed the baby's soul,
For here on earth no weight there be
That could avail, God only knows
Its value in eternity.

Only eight pounds to hold a soul
That seeks no angel's silver wing,
But shrines it in this human guise
Within so fair and small a thing.

Oh, mother, laugh your merry note!
Be gay and glad; but don't forget
From baby's eyes look out a soul
That claims a home in Eden yet.—*Dietetic Gazette.*

One hundred of St. Joseph's representative business men will take a Southern jaunt next month.

Mrs. Burton Harrison, the author of "The Anglomaniacs," has written a new novel of New York life which *The Century* will print. It is said to deal with divorce.

"Never Found any Fault." "Reliable."—A. H. Baird, M. D., writes from Jackson, Mich., April 7th, 1891, as follows: "Messrs.—Some twelve years ago I purchased one of the Jerome Kidder Electric Medical apparatus. Have never found any fault with the battery, and always considered it a good one. The zincs are considerably worn but the rest, case and all, are practically as good as new."

The Londonderry Lithia Spring Water Co., takes pride in the cordial support it has always received at the hands of physicians, and extends to them grateful acknowledgements. They realized at the outset that the Londonderry would be valuable to physicians, and placed it in their hands with full confidence that it would receive the recognition it deserved. What has been the result? The sale increased so rapidly that for two years it was impossible to fill orders promptly; new bottling works, the largest in the United States, were erected, and the largest bottling apparatus ever built, set up and put into service. We recognize the physicians as directly the cause of this great success, while the uniform curative powers of the water are indirectly responsible. It has come to be accepted as an established fact that there is no other water which gives such surprising proof of unusual anti-lithic properties; that no medicinal compound called "manufactured lithia waters," placed upon the market by dealers who hope to profit by the fame of the Londonderry, in any way, either chemically or therapeutically, resembles it; that there is not in the armamentarium of the physician a medicine which will cure so large a per cent of rheumatism, gravel and general lithamia. At the suggestion of many eminent physicians we began, several years since, to carbonate a part of the water. The success of sparkling Londonderry has been phenomenal. It is at once delicious and effective, and being the only Sparkling and Natural Lithia Water in the market, is a great favorite with physicians. We are prepared at all times for any kind of test, and offer to physicians every opportunity to satisfy themselves that we speak the truth when we say the Londonderry is the most powerful anti-lithic in use. Send for our book. Londonderry Lithia Spring Water Co.

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MEDALS FOR EPILEPTICS.—Medals should be worn by epileptics; these medals should be familiar to every policeman; there should be a certain mode of attachment and a certain part of the body where they would have to be looked for (for instance they might be attached by means of a rubber band around the neck—like the checks of valuables in the surf baths) and by means of these medals policemen would be enabled to distinguish an unconscious epileptic from a drunkard.

BUSH, J. P., MANUFACTURING Co., (32 Snow Hill, E. C.)—This Company's exhibit consisted solely of one preparation, to which the name "Bovinine" has been given. It is a preparation of the juices of lean, uncooked beef, mechanically expressed, in which is preserved all the albuminoid elements in addition to the meat salts and extractive matter. The Albuminoids amount to 20 per cent, hence "Bovinine" is of great value as a dietetic in cases where a concentrated and readily assimilable food is required.—*Hosp. Gazette.*

A LETTER from G. Frank Lydston, M. D., Fellow of the Chicago Academy of Medicine and of the Southern Surgical and Gynæcological Association; Editor of the *Northwestern Medical Journal*; formerly Professor of Venereal Diseases Chicago College of Physicians and Surgeons, says:

OPERA HOUSE BLOCK, CHICAGO, May 12, 1891.

Phenique Chemical Co. Gentlemen:—I desire to express my appreciation of your new antiseptic, CHLORO-PHENIQUE. It is one of the best antiseptic and detergent preparations in the treatment of inflammatory affections of the mucous membranes, suppurative and ulcerative processes that I have so far tried. In nasopharyngeal affections it is of special value. Yours, etc., G. FRANK LYDSTON, M. D.

THE death of Dr. James Watt, of Brooklyn, took place on September 10. The deceased, who was forty-seven years old, was of Scottish parentage, but educated in this country. He was interested in politics for many years, and was a member of the Assembly for one term and a candidate for the office of coroner. He was registrar of vital statistics of the Brooklyn Board of Health and was one of the first in this country to publish a weekly bulletin of vital data for the use of the profession and sanitary officials. He was a member of the Physicians' Mutual Aid Society, and many other medical and charitable organizations.

GLYCERIN SUPPOSITORIES.—"A short time ago," says the *Liverpool Medico-chirurgical Journal*, in its July issue, "glycerin came rapidly into repute as a laxative, and an enormous number of syringes were sold for injecting into the rectum. Its indiscriminate use, often in very unsuitable cases, has led to its equally rapid decline in popular favor. Glycerin is a very deliquescent substance, which rapidly absorbes moisture from and stimulates the mucous membrane; it thus quickly leads to reflex peristalic action, with evacuation of the rectum, and perhaps large bowel. Its very stimulating effect often leads to uncomfortable sensations in the rectum, especially if there be any hyperæmia of the parts, and hence its use should be strictly limited to those cases where there is a habitually sluggish action of the lower bowel. When there is any inflammatory action its use is strongly contra-indicated. Any dilution with water lessens its hygroscopic character, and so diminishes its activity, hence it should be used as nearly pure as possible. On this account the activity of the glycerin is much diminished when administered in the form of suppositories, as commonly prepared with gelatin, because in their manufacture a certain proportion of water is necessary for its solvent action on the gelatin. Messrs. Parke, Davis & Co, have overcome this objection by incorporating 95 per cent of glycerin with 5 per cent of stearin soap. Thus an excellent suppository is formed which is not very soluble, yet sufficiently so to make it quick and effective in action. The suppository is made in the form of a double cone, which renders its introduction into the rectum very easy. One is sufficient for an adult, and any required size may be cut off for a child. They should be kept in well-corked bottles to prevent the absorption of moisture from the atmosphere."

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Publishers' Bureau.

MEDICAL HERALD COMPANY, - - - - - PUBLISHERS.
CHAS. W. FASSETT, - - - - - BUSINESS MANAGER.

PUBLISHING HOUSE,
CORNER SIXTH AND CHARLES STS.

SAINT JOSEPH, MISSOURI.
TELEPHONE No. 196.

ALL matter pertaining to this department, or concerning advertisements, to insure prompt attention should be addressed to the Business Manager . . . . . .

(THE HERALD'S circulation being among a class of physicians who PAY THEIR SUBSCRIPTIONS (and consequently READ each issue), this journal naturally offers the best opportunity to those advertisers who desire to reach the thrifty and progressive practitioners of the West and South.)

THIS DEPARTMENT will be devoted to such notices and comments as the Business Editor may feel inclined to make of deserving and meritorious preparations, and such items of news concerning new goods as will prove interesting to our readers. Practitioners are particularly requested to send us brief facts concerning the success of preparations advertised in THE HERALD, as demonstrated in their practice, and we will always be glad to give space in our Original Department for extended reports of clinical cases. Practices for sale, or notices of removal, not exceeding ten lines, will be inserted FREE three times for subscribers. Always state reasons for selling.

THIS Journal is on file at the following agencies, where advertising may be placed at our regular rates, and we invite Eastern Pharmacists to call and examine THE HERALD carefully:
J. H. Bates, 38 Park Row, New York; H. C. Hall, Cincinnati, Ohio; N. W. Ayer & Son, Philadelphia, Pa.; Geo. P. Rowell & Co., 10 Spruce St., New York; J. Walter Thompson, 39 Park Row, New York; Dodd's Advertising Agency, Boston, Mass.; King's Advertising Agency, New York; C. H. Guild Boston; Fairchild & Co., New York; Robinson-Baker Adv. Bureau, New York; Fell's Agency, London, England.

IF YOU wish to advertise anything anywhere at any time, write to Geo. P. Rowell & Co., No. 10 Spruce street, New York.

THE preparations of "Hypophosphites," "Coca," "Pepsin," etc., made by Robinson-Pettet Co., are endorsed by many prominent physicians. We recommend a careful perusal of their advertisement of this well known manufacturing house. See page 7.

IMPERIAL GRANUM is one of those carefully and conscientiously prepared foods that never disappoint the doctor in its administration. We have never seen a stomach that could not retain it, no matter how inflamed it might be. It will at once be seen what a valuable aid this is to the physician in the treatment of all the graver forms of gastric diseases.—*The Prescription.*

SEVERE HEADACHE WITH TENDENCY TO CONGESTION OF THE BRAIN.—In cases of severe headache, with tendency to congestion of the brain, consequent upon "la grippe," I used Peacock's Bromides very successfully, and shall continue its use, it being far more satisfactory in my hands than any other preparation in similar cases. W. T. STROTHER, M. D., Port Crescent, Washington.

EVERY one in need of information on the subject of advertising will do well to obtain a copy of "Book for Advertisers," 368 pages, price one dollar. Mailed, postage paid, on receipt of price. Contains a careful compilation from the American Newspaper directory of all the best papers and class journals; gives the circulation rating of every one, and a good deal of information about rates and other matters pertaining to the business of advertising. Address, Rowell's Advertising Bureau, 10 Spruce street, New York.

DR. N. M. GRAY, of Allegheny, Pa., says: I have tried Papine in two cases, and with the best effects. Both were cases of children from one to three years old, and both so complicated with cerebral trouble that I feared to use opium or any of its preparations, and yet I wished for an anodyne to control some very marked symptoms. So I tried the Papine, and am happy to say that it had the desired effect, without any of the unpleasant consequences so often following the use of the drug in any form I have heretofore used. I think it an excellent preparation for that class of diseases, and intend to use it hereafter.

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"I AM pleased to testify to the efficacy of Tongaline, as I prescribed it in several cases of severe neuralgia affections, and with most gratifying results."—R. J. KEMBALL, M. D., Buffalo, N.Y.

"ROBINSON-PETTET'S LIME JUICE AND PEPSIN" is an excellent remedy in the gastric derangements particularly prevalent at this season. It is superior as a digestive agent to many other similar goods. (See page 8.)

E. C. PENCE, M. D., writes from St. Louis, Mo., March 6, 1891:—"Jerome Kidder Manufacturing Co., 820 Broadway, New York. Dear Sirs: We have been practicing with your electrical machines over twenty-five years, and when we want anything reliable always send to you. Enclosed please find Post Office order

LOUISVILLE, KY., NOVEMBER 2, 1890.—Chas. S. Baker & Co., Chicago, Ill.—Gentlemen: My attention has been called by your agent to your preparation, Rose's Peptonized Beef, Hæmo-Cardiacin, and Peptonized Beef and Cod Liver Oil. I have used them during the past year in my practice, and am pleased to testify to the elegance and efficiency of the preparations. Very respectfully, L. S. MCMURTY, M.D., ex-President of the Kentucky State Medical Society; Fellow of the American Association of Obstetricians and Gynecologists, etc.

TREATMENT OF LEUCORRHOEA.—"I prescribed Ponca compound for a lady who though not yet 20 years of age has had two children, the youngest about three months old. For some time she has suffered much from Leucorrhoea with pain and weakness in the back together with general nervous prostration, which caused her to look pale and delicate. She took four tablets a day and within a week from the time she began, she experienced the greatest possible relief and a general improvement. Her womb troubles disappeared and she began to show the color and appearance of health. DR. FRENCH-MULLEN, Indianapolis, Ind.

A PLAIN STATEMENT. Haverhill, Mass., Mar. 7th, 1891. Antikamnia Chemical Co., St. Louis, Mo. Gentlemen:—The Antikamnia sent me found a suitable case at once. My patient had long been a sufferer from hemicrania, and the pain was never more than partially relieved by caffeine, acetanilid, etc. Upon the recurring attack, I prescribed antikamnia, three grains, every two hours. The first dose gave instant relief, to the great satisfaction of both myself and patient, and complete recovery was secured. I shall hereafter use antikamnia in preference to all other preparations, for the relief of migrain, sciatica and other nervous diseases. Very respectfully yours, CHAS. F. FOYE, M. D.

A BALTIMORE BELLE CAPTURES A NOBLE LORD.—A sensation in fashionable circles in Saratoga. Among the arrivals at one of the hotels yesterday in Saratoga were two stylishly dressed and beautiful young girls accompanied by an elderly lady and three servants. They registered from Baltimore, and it was learned that they were reigning bells in that city. The eldest sister had just entered her twentieth year. Her friends tendered her a delightful reception, and she was the recipient of many unique and costly gifts. Her *fiancee* arrived upon the brilliant scene driving a pair of perfectly matched cream-colored ponies, handling cream-colored reins with gold buckles, and attached to a cream-colored dog-cart with gold trimmings elaborately mounted. These he presented to the lady of his choice; and at any early hour the following day the chief designer of The New York and Paris Young Ladies' Fashion Bazar received a message from the ladies to produce within the next five days four pale cream India silk dresses of the same tint as that of the gold dog-cart. The design which struck their fancy was that shown in Fig. 5 of the September number of The New York and Paris Young Ladies' Fashion Bazar. But where that dress is designed in pink their dresses are to be finished in pale ecru. The frill on the sleeves of Fig. 5 will be jauntily looped up with real pearls set in gold buckles. The September number, containing this magnificent design, is now for sale at all news stands. Price 25 cents.

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THE MEDICAL HERALD

A PRACTICAL MONTHLY JOURNAL OF THE MEDICAL SCIENCES.

HIRAM CHRISTOPHER, M. D., Editor.

ASSOCIATE EDITORS: JACOB GEIGER, M.D., SURGERY; J. W. HEDDENS, M.D., PATHOLOGY

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ORIGINAL

The Toxic Effect of Tobacco Vapor, With a Report of Cases.

BY W. CARROLL CHAPMAN, M. D., LOUISVILLE, KY.

Read before the Mississippi Valley Medical Association, at St. Louis, October 15, 1891.

[PUBLISHED EXCLUSIVELY BY THE MEDICAL HERALD]

As the grand aim of medicine is to alleviate distress, the careful recording and description of rare diseases as well as the usual manifestations of ordinary disease, would seem to be two of the most important features of professional literature. Another factor, and probably of no less importance than the first two, is the accuracy in diagnosis. The three cases I desire to report have been recorded at length and with care, and will be described with as much brevity as is consistent with the facts and my ability to outline the symptoms clearly. As to the diagnosis, while I feel that further and deeper research is necessary to make it positive, it is well supported by the physical and functional signs, associated with the fact that each patient had been daily subjected to the inhalation and absorption of fumes emanating from tobacco, and further, that these symptoms, when not so severe, would appear or disappear, according as the patient received the exhalation from tobacco into the system or not. Then, I have been unable to find the record of any disease to which this train of symptoms can be applied with precision. On the other hand a grave defect, bearing on the diagnosis, is readily admitted, namely, the failure to make a chemical examination of the excretions. This error is due, principally, to having allowed myself to become so thoroughly convinced of the correctness of my diagnosis, which was concurred in by the consulting physician,

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as to fail to realize at that time the value of a chemical examination in confirming it, especially to the medical profession.

In treating of the toxic effect of tobacco vapor, it is the intention of the writer to confine himself closely to the graver and more dangerous cases due to inhalation or absorption, or both. The obscure effects of tobacco smoking and the inhalations from cigarettes will not be considered.

Tobacco stemmeries have a process by which they get dry tobacco in a proper condition for stemming. This is done by means of a number of reservoirs containing steam generated from pure water, which is turned on the tobacco previously arranged, so as to receive and retain the necessary amount of moisture. When ready, this is carried to the men who do the stemming. The carriers are usually children from nine to fifteen years of age. Knowing then that the vapor of tobacco contains numerous basic substances of the picolinic series, and several fatty acids, and probably nicotine and nicotianine, it can be readily seen how the systems of these children become saturated with these poisons.

Usually their presence is manifested during the first day or two by violent vomiting, retching, purging, and often a state of collapse, after which the system may become inured to them. Occasionally we find one whose constitution even by contact and time, although there is a certain amount of toleration, refuses to receive them kindly, and emaciation begins, attended sooner or later by the following symptoms:

Case I—I was called to see Willie C., aged ten years, April 3, 1889. Found him suffering extreme pain in the abdominal region, with the intensity centering at the umbilicus. Temperature, under the tongue, 100°; pulse 108°, small wiry and irregular; respiration 20 to 22, but irregular—several short, shallow respirations followed by one deep and gasping. Tongue glairy, red appearance and pointed. Patient constipated for the last several days; abdomen flat or rather depressed; urine scanty and slightly colored; skin dry, as were the hands and feet—the latter being a little cold. When near the patient the odor of tobacco was so pronounced that I made inquiries regarding it, and learned that he worked in a tobacco stemmery, and further, that he had slight attacks of similar pains at several different times, except of milder form. Though the working clothes had been displaced by his night apparel, the odor was strong and led me to suspect tobacco as a cause. Not being able to make a satisfactory diagnosis at the time, I decided to use palliative treatment and study the disease further. Gave a hypodermic injection of morphia and atropia; ordered a large dose of castor oil to be followed by bismuth and quinia. After the patient had been given some relief I instructed the nurse to use turpentine stupes freely should the pain return.

The next morning (April 4) I found the patient suffering pretty much in the same way as on the evening previous—more nervous and tossing from side to side. The morphia and atropia had relieved for several hours, when the use of turpentine stupes was begun and continued until the patient became so restless they could not be applied. The oil had failed to move the bowels. Immediately gave morphia and atropia hypodermically. Temperature 100°; pulse 112; respiration 22, and

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of the same character as on the evening previous; pupils contracted, expression marked for anxiety. He described the pains as sickening. Previous to the time he started to work in tobacco, he was plump, robust and healthy, but for the last several weeks had been decreasing in flesh and weight. Ordered another dose of oil and told the nurse to apply a sinapism of mustard to the abdomen, should the pains return before I saw him in the evening. 5 p. m—Patient had just begun to suffer intensely when I arrived. Had been quiet through the day but slept none. Oil still refused to cause the bowels to act. Ordered it by the rectum with a pint of tepid water. Gave morphia and atropia and ordered the enema repeated in case it failed to act in one hour.

April 5th—Patient had rested better the night before, but slept comparatively none. Pulse, temperature and respiration about the same as on the day previous. The enema had caused a scanty action upon the bowels—very dark, with greenish tinge to the liquid. No tenderness of the abdomen on pressure, except at umbilicus; pain still intense. Repeated the morphia and atropia. Although catharsis and diaphoresis were absent, I felt convinced that tobacco was the cause, and decided to push cathartic remedies to thorough effect and stimulate the skin to action. Believing there was no intussusception, I prescribed a full dose of calomel, podophyllin, extract belladonna and soda. Ordered the clothing and bed-clothing changed, and the patient sponged with tepid water and a little ammonia, followed by mild rubbing; this to be repeated in the evening, at which time I administered morphia and atropia again.

April 6—Patient rested better through the night than at any time previous. Bowels acted two or three times; fæces black, with green tinge. Pain dull, sickening character; no material change in temperature, pulse or respiration. Liquid food with whisky. Continued baths; prescribed morphia, belladonna, quinia and nux vomica.

April 7, 8, 9, 10, 11, 12 and 13—Patient continued pretty much the same, temperature going to 101°, with a slight advance in pulse-rate on one day. No change in treatment, except to add pepsin and hydrochloric acid. Kept the bowels open by enema.

April 14—Abdomen tympanitic, with tenderness; nausea and vomiting. Patient complained that the capsules made him vomit; discontinued them. Pain intense, same character as before.

April 15—Was sent for to relieve the pain. Administered morphia and atropia hypodermically; prescribed deoderized tincture of opium, and ordered turpentine stupes over the abdomen.

April 16—No change.

April 17, a. m—Temperature 101.5°; pulse, 120; respiration labored. Digitalis, whisky, atropia; p. m., temperature 102°, pulse 130. Continued same.

April 18, a. m.—Temperature 100°; pulse 108; respiration improved. Slept after 1 a. m.; p. m., same as morning. Rested pretty well. Continued whisky and digitalis.

April 19—Temperature 99°; pulse 100; respiration 18, more regular. Other symptoms improved.

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Improvement was gradual from this on.

April 22—Facial neuralgia manifested itself and lasted several days. Gave morphia and atropia and prescribed iron, quinia and strychnia. Dismissed the case on April 29, after three and one-half weeks of illness, with instructions for him never to work in tobabbo again. He has obeyed, and now (two and one-half years later) the boy is inclined to be fleshy.

Case II. Lizzie M———, aged twelve years. Worked in tobacco stemmery. Called in on July 19, 1889. Patient was taken sick three days before with pains in the abdomen. The mother had treated her with castor oil, laudanum and hot applications, with very little relief. These remedies had answered the purpose on two or three other occasions within the last several weeks, but the pains had never before been so violent. On the evening of the above date I found her condition as follows: Anemic; violent pain in the abdomen with intensity centering at umbilicus; abdomen flat with only slight tenderness on pressure; constipated; urine, scanty and slightly colored; tongue, red and pointed; temperature in axilla, 100.5°, pulse 120, small and wiry and irregular; skin dry; pupils contracted; respiration 24; four or five short and shallow followed by one deep and gasping. The odor of tobacco was present. Gave morphia and atropia hypodermically. Prescribed a cathartic, also digitalis, and ordered a teaspoonful of whisky every two hours.

July 20, a. m.—Patient had rested the early part of the night; small action from the bowels, dark, greenish appearance. Pains have been severe for last hour or two; pulse, temperature and respiration same as evening before. Continued same treatment; gave morphia and atropia and ordered an enema. P. M.—Bowels had moved twice; fæces, dark greenish appearance Repeated morphia and atropia and ordered patient sponged with tepid water and ammonia and rubbed dry. Liquid food.

July 21, a. m.—Pulse 130, trmperature 101.5°, respiration 22, and more labored; abdomen, slightly tympanitic. Prescribed aromatic spirits of ammonia with the digitalis. Gave morphia, quinia and strychnia in capsules, increased the whisky. P. M.—Condition same.

July 22 and 23—No change except the abdomen a little more tympanitic, and vomiting at times.

July 24, a. m.—Vomiting, can't retain the medicine in the stomach; pulse 140, temperature 100°, respiration so irregular that it could not be estimated positively. Whisky, hypodermically. P. M.—No perceptible change unless for worse.

July 25—Patient sinking; pulse fluttering, respiration 10, and gasping. Died in the afternoon by asphyxia, after an illness of nine days.

I requested the privilege of making a post mortem, but was refused.

Case III. Johnnie C———, nine years old. Called in on July 14, 1890. Patient suffering intense pain in abdomen, especially at umbilicus. Had a few slight pains a few days before, but stopped his work in the tobacco stemmery and came home. The pain ceased without treatment. A day or two later resumed his work until the above date. Emaciated; abdomen, flat; very slight pain on pressure; temperature 100°, pnlse 100, small, wiry; respiration 22 and shallow; pupils somewhat

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contracted; tongue bright red; constipated. Gave morphia and atropia hypodermically; castor oil by mouth; prescribed tincture of opium deodorized, to be given when the effects of the morphia began to wear off, provided the oil acted.

July 15—Patient rested very well through the night. Oil moved the bowels two or three times; dark, greenish actions; temperature 99°, pulse 90, respiration 20 and easier. Diminished the opium with instructions to leave off if pain ceased. Prescribed pepsin, pancreatin, bismuth and hydrochloric acid.

July 16—Left opium off and pains returned. Temperature 99.5°, pulse 96, respiration 22. Began opium immediately. Ordered him sponged with tepid water and ammonia.

July 17—Patient improved; pulse 84. temperature 98.4°, respiration easy. Prescribed iron, quinia and strychnia; improvement continued. Facial neuralgia developed on the 19th inst. and lasted two or three days.

I desire to state just here that, during the intervals between cases two and three, reported above, I saw two patients, who worked in tobacco, with symptoms similar to those reported, but greatly modified. To the first of these I gave castor oil. followed by pepsin, pancreatin, bismuth and muriatic acid, with instructions to stop work in tobacco. He followed my advice and has not suffered in that way since. To the second I merely gave castor oil, with the same instructions as to the first. He followed them for a few months, then returned to work in tobacco, which he kept up for six weeks, when he came to me with the same symptoms as at first. Yielded to simple treatment, but slowly. Since case three, I have had several mild cases. I invariably warn them to stop work in tobacco, especially where it is steamed. I believe all would have been well with the three cases reported had they stopped work in tobacco at the first warning pains.

Attention is called to two factors noticeable in all the cases, namely: The emaciation and the time each one had followed the occupation; that is, from six weeks to three months. The thoee cases reported had not suffered from the vomiting and retching usually attendant upon young tobacco workers the first day or two. In the other or milder cases, I neglected to inquird regarding that point.

This paper would be incomplete without a review of these cases for the purpose of considering the relation between this cause and result.

Emaciation is one of the first symptoms noticeable in persons suffering from the presence of tobacco vapor in their systems. Dr. Ydan Pouchkine, of Russia, has recently reported an interesting series of experiments relative to the influence of tobacco upon the digestive functions of the stomach. He concludes that the free hydrochloric acid of the gastric juice is diminished under the influence of tobacco and that the motility of the stomach is increased. This would interfere with the digestion of the food not only by lessening the power of the gastric fluid, but by hastening the matter to be digested into the duodenum before it has been subjected to the influence of the gastric juice for a sufficient length of time. Consequently and in proportion as digestion is imperfect, would secretion and assimilation be deficient and emaciation result.

As to the particnlar ingredient or ingredients causing the symptoms reported,

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chemical examination would furnish the most weighty evidence. Having neglected that in these cases, I can only console myself by awaiting an opportunity to make that test at some future period. Our knowledge, however, of the substances entering into the composition of tobacco, and their separate and collective properties and actions upon the body furnish us material worthy of consideration.

In regard to nicotine, which has been suggested as a cause, I must say that I do not believe it for a number of reasons. In the first place, nicotine is not readily separated from tobacco unless treated by a fluid or vapor containing alkaline properties, potassa for instance. The vaper used at the stemmeries, I learned upon inquiry, was from water only.

Again, had nicotine been the cause the effect would likely not have been so delayed and vomiting and purging have been present.

As to nicotianine, indications point strongly to its being a cause. According to Landerer it occurs only in dried tobacco leaves, and has the odor of that plant, a point strongly in its favor, as that odor was so distinct in every case I have seen. It would seem, further, that the basic substances and fatty acids were causative agents, because authors have proved by physiological experiments that these cause contraction of the pupil, dyspnea, abdominal pains, convulsions and death.

Why these symptoms have been so delayed in these cases, instead of the poisons manifesting themselves the first day or two, by retching, vomiting, etc., as is most generally the case, I am at a loss to say, and would suggest, by way of excuse, a cumulative effect.

The toxic effect of tobacco vapor and its treatment is a subject worthy of more consideration than the profession has accorded to it in the past, and I hope that the next few years, aided by diligent and careful investigation, will place the matter in a more intelligent light.

An Addition to the Therapeutics of Epilepsy.—Almost countless drugs and combinations of drugs have been used in the treatment of epilepsy, with the result that the various bromides, either single or combined, have so far given the best results in relieving this distressing disease. Dr. Charles S. Potts has sought some drug which would be equally efficacious in lessening the number of epileptic attacks, and at the same time not cause the disagreeable symptoms which may follow the persistent use of the bromides. With this end in view, various drugs, as antipyrine, antifebrine and bromide of ammonium were separately tried, but with indifferent results until Dr. H. C. Wood suggested the use of antipyrine and bromide of ammonium in combination. Since then this mixture has been used with excellent results in the treatment of forty-three cases of idiopathic epilepsy. In none did it fail to cause marked amelioration of the symptoms, and in some it gave relief when all the other commonly-used remedies had failed, and in none has there been any indication of bromism, or of the disagreeable symptoms to which antipyrine sometimes gives rise. For adults the dose, which is given three times a day, contains six grains of antipyrine and twenty grains of bromide of ammonium. —*University Medical Magazine.*

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SOCIETIES.

Mississippi Valley Medical Association.

SEVENTEENTH ANNUAL SESSION AT ST. LOUIS, OCT. 14, 15, AND 16, 1891.

[MEDICAL HERALD SPECIAL CORRESPONDENT.]

ST. LOUIS. MO., Oct. 17th, 1891.

Editor Medical Herald:—Your correspondent reached here bright and early on Tuesday morning, and after refreshing the inner man, set out to visit the city, and such of its citizens as we were fortunate enough to know.

Our first call was at the office of Dr. Bransford Lewis, where we were cordially received, and treated to a full and glowing description of his proposed new medical journal. Dr. Lewis is sanguine of success, and we believe with reason, for he has the ability, energy and experience to make a good journal, and he says he will do it. We were quite surprised and pained to find the St. Louis papers full of what the press pleases to call "Doctors' Quarrels," etc. It seems to the outsider, that there was no cause for any ill feeling at all, but we suppose the gentlemen who were participants are better able to judge than are we. The trouble arose from the rivalry existing between the various and numerous medical colleges, and was as unnecessary as unfortunate. We do not intend to go into the details of the row, nor to regale our readers with the bad language used and printed by the belligerents of both sides. We deplore, always, any serious difficulty in our profession, and especially so when it is aired by the public press. It may have been all right for certain well known and esteemed members of the St. Louis medical profession to turn their backs upon invited guests, but we think it very discourteous to say the least. Family jars sould be suppressed while visitors are in the house, and to castigate refractory members before company may be goed discipline, but it is very impolite. In the afternoon we visited the city asylum and found a well conducted institution in charge of a polite and efficient gentleman. Since the resignation of Dr. Atwood, the asylum has been conducted by First Assistant Hermann, and the excellent conditions of the buildings and patients speak well for his ability and fidelity to his work. Pity it is that politics make it practically impossible for an experienced, efficient man like Dr. Hermann to be made superintendent, but such is the reward of merit in machine politics. After a pleasant evening at the theater, where we went to escape the dampening effect of a shower, the only one, by the way, that occurred during our stay, we adjourned to the hotel to rest our weary limbs.

WEDNESDAY, OCT. 14TH, 1891.

The members of the Association gathered slowly but steadily at the place of meeting, the "Pickwick Theatre," and by 11 A. M. a large number were seated in

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the auditorium. At 11:15 the Chairman of the Committee of Arrangements, Dr. I. N. Love, walked majestically to the stage, and in the solemn and impressive manner for which he is so famous, called the house to order, and introduced Bishop D. S. Tuttle. This reverend gentleman, in an elegant and impressive manner, invoked a divine blessing upon the assembled physicians. The invocation was followed by Dr. Ludwig Bremer, who, as the President of the St. Louis Medical Society, welcomed the visitors to the city. He compared the Mississippi River to the Nile, saying that on the banks of the latter stream, for thousands of years, were concentrated all that was grand and noble in science, art and literature. It was the speaker's hope that like the Nile, the Mississippi could in the near future, boast that in its valley could be found the best productions of the brain and the handiwork of man. Dr Warren B. Otten followed in a short but eloquent welcome, extended on behalf of the State Medical Society of Missouri.

Dr. Harold N. Moyer, was called upon by the Chairman to speak in behalf of the city of Chicago. The Doctor, unaware that he was to be called upon, was for a moment nonplussed, but soon regaining his composure, responded in a bright and witty manner.

Dr. J. C. Culbertson, editor *Journal of the American Medical Association*, made a pleasing address, speaking more especially of the *Journal* and its work. He spoke of the necessity of medical journals, their great work as educators and disseminators of knowledge, and the general excellence of Western journals. Dr. Love then announced the programme as arranged for the several sessions, not forgetting to give full instructions as to the social events that were to occur.

At this juncture, Mayor E. A. Noonan made his appearance, and was introduced in a witty manner by Chairman Love.

The Mayor said that he had intended that the few words which he should speak, would be calm, cold and dignified, as being more appropriate for an audience of austere scientists, but the jovial introduction of the Chairman, had shown him at once that doctors were much like other men, and should be addressed likewise. He therefore would address them, not as a chief executive of the city, but as a healthy, kindly disposed human, whose organs, thanks to the St. Louis physicians, are all in good order. St. Louis, being a geographical centre, all organizations desiring a place of meeting, looked toward that place. Organization in all trades and professions was becoming popular, and he wished that his profession, the law, would profit by the example of the medical profession, and organize more thoroughly. The law suffers from ill-favored pretenders and unsuitable members, as does medicine, but the former deals with the pocket, while the latter deals with that most valuable to all, health and life. Any demoralization or disintegration of the medical profession, would be disastrous, and would bring injury and suffering upon mankind. A moral or mental deterioration of the medical profession, would injure society more speedily than the less of any other body of men, not excepting the clergy. Society could create a clergy, but could not easily raise the science of medicine to the high position it now occupies. A man with a wife and children, whose health and life is conserved by the physician, is an ingrate, if he does not love his family physician

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better than any other man in the world. Independently of his official position, he begged to welcome the visitors warmly and heartily, and hoped that the meeting would be full of profit and pleasure.

Dr. Hughes, after a few well chosen words of welcome, declared the seventeenth session of the Mississipppi Valley Medical Association open for business.

The scientific work was at once begun, Dr. W. C. Chapman, of Louisville, Ky., reading a paper entitled "The Toxic Effect of Tobacco Vapor, with report of cases." (See our original department.)

The paper was discussed by Dr. Culbertson, who took the paper as the text for an able argument in favor of a legal supervision and inspection of tobacco factories. Child labor is universally employed in large cities, and should be prohibited by law. All factories should be under surveillance and should be inspected at least once a week.

Dr. S. S. Thorne, of Toledo, the Vice-President, was introduced, after which the association adjourned until 2 P. M.

At 2:45 P. M., Dr. Hughes called the meeting to order, and Dr. Kenner, of Louisville, Ky., read a paper on the "Treatment of Typhoid Fever," which was discussed by Drs. Wellington Adams, Larrabee, Early, Thorne, Lydston, Jelks and Bond. Dr. Warren Potter, of Buffalo, N. Y., read a paper "A Pathological Study of Pelvic Inflammation in Women," after which Dr. George Hulbert, of St. Louis, read "The Nervous Equation of Pelvic Inflammation," the discussion of these papers being postponed until morning.

Dr. L. T. Rissmeyer, of St. Louis, presented a paper on the "Pathology and Surgical Treatment of the So-called Strumous Inguinal Lymphadenetis," this being followed by a paper on "Some Monstrosities before and after Birth, by Dr. David Booth, of Belleville, Ill. Adjourned until Thursday morning, at 10 A. M.

After the completion of the scientific work for the day, the social pleasures began. The visitors had received invitations to receptions at the residences of Drs. C. H. Hughes, Y. H. Bond and I. N. Love, Wednesday evening from 8 to 12. All the younger members and many of the older ones, together with their wives, daughters, or sweethearts, attended these receptions and were most royally entertained.

Thursday morning the members straggled in slowly, looking a little the worse for wear, but by 10:20 A. M. a goodly number were in their seats at the tap of the gavel.

The day's proceedings were opened with prayer by Rev. Dr. J. S. Niccolls.

Upon motion the discussion of papers was limited to five minutes.

The first paper considered was one read on the day before by Dr. Wm. Warren Potter on "A Pathological Study of Pelvic Inflammation in Women." This paper was discussed by Dr. Charles A. L. Reed, of Cincinnati, Dr. Rufus B. Hall, of Cincinnati, Dr. W. H. Link, of Petersburg, Ind., Dr. C. H. Hughes, of this city, and Dr. W. Hatch, of Quincy, Ill.

The next paper read and discussed was that of Dr. Rufus B. Hall, of Cincinnati on "Complications During and Following Abdominal Section." Dr. Hall took the ground that general practitioners should be trained and educated in this particular

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field of surgery. Discussion on the subject followed by Dr. W. A. Thompson, of Indiana, Dr. W. H. Link, of Indiana, Dr. G. E. Asdale, of Pittsburg, Pa., Dr. W. P. King, of Kansas City, and others.

Dr. Arch Dixon, of Henderson, Ky., exhibited a patient in connection with the reading of his paper on "Gastrotomy for Impermeable Stricture." Dr. C. H. Dalton, Superintendent of the City Hospital, discussed the paper, reporting a similar case.

Dr. L. Ch. Boisliniere, exhibited a new obstetric forceps of his own design.

The convention adjourned at 12:30 o'clock to meet again at 2 P. M., when the reading and discussion was resumed.

Dr. J. W. Carhart, of Lampasas, Texas, read a paper on "The Influence of Graveyards on the Public Health." He argued that a great many people objected to cremation strictly from a religious standpoint, but that medical men who studied the subject carefully fully endorsed it.

Dr. James T. Jelks, of Hot Springs, then read his paper on "Blenhorrhea."

At the close of the reading, President C. H. Hughes announced the following Committee on Nominations: Dr. Arch Dixon, of Kentucky, Dr. X. C. Scott, of Ohio, Dr. C. A. Early, of Pennsylvania, Dr. G. F. Lydston, of Illinois, Dr. H. O. Walker, of Michigan, Dr. I. N. Love, of Missouri, Dr. J. T. Jelks, of Arkansas, Dr. S. S. Savage, of Tennessee.

Prof. Landon Carter Gray, of New York, read a paper on "The Present Aspect of Cerebral Surgery." Among other things he mentioned the fact that no patient had ever recovered who had been operated upon for epilepsy. He also reviewed the contributions of Victor, Horsley and David Ferrier. Liberal discussion followed by Dr. Ludwig Bremer, Dr. H. Mudd, Dr. G. F. Fry, Dr. Foot, of Kansas City, Dr. C. H. Hughes and Dr. Arch Dixon, of Henderson, Ky. The discussion was closed by Dr. Gray.

The importance of recognizing a temporary rachitic condition in infants, was the subject of a paper by Dr. John A. Larabee, of Louisville, Ky. He said that the average practitioner overlooked this condition in early life, a great many attributing the crying spells of children to teething, when careful observation has shown that these spells are due to rachitis.

Dr. F. C. Hoyt, of St. Joseph, Mo., read a paper on "Pachymeningitis Hemorrhagica Interna Chronica," with a report of case and exhibited a pathological specimen.

Papers were then read by Dr. J. E. Tefft, of Springfield, Mo., on "Surgical Shock;" Dr. Seth S. Bishop on a "A Superior Remedy for Nasal Catarrh; Camphor-Menthol," and Dr. F. King, of New York, on "The Poroplastic Felt Jacket for Spinal Troubles." The convention then adjourned until 8 o'clock.

At 8 P. M. the theatre was crowded with a select audience of physicians, ladies, and prominent citizens of St. Louis, all drawn there by the announcement of a programme of unusual interest. After an overture by the orchestra, President Hughes delivered his address, which was a review of the progress of medicine during the last decade, with especial reference to neurology. The address, as are all the

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productions of Dr. Hughes, was scholarly, and delivered in a most perfect manner.

Dr. John B. Hamilton, Ex-Surgeon-General M. H. S., of Chicago, read a paper on "The Drainage of Chicago," which dwelt chiefly with the topography of that city, and the vital question of disposal of sewage. The address was eminently practical and of great value. The feature of the evening's entertainment was the address by Dr. Joseph M. Matthews, of Louisville, Ky., on "Lights and Shadows of a Doctor's Life." This was a most eloquent and touching address, and gave the public some idea of the shadows which darken the doctor's life. He spoke of the nobility of the doctor's vocation, and the many philanthropic acts it became the physician's privilege and duty to perform. The beauty and pathos of the entire address, will be better appreciated after reading the following lines, the closing sentences of his address:--

"There shall be no night riding there. Standing accounts and unpaid bills are there unknown. Neither shall there be any malpractice suits. One doctor shall not cry yea, yea, and another say nay, nay, but they shall dwell together in peace there, for verily I say unto you, that the dead have come to life, and ye can no longer say that dead men tell no tales."

After the applause had ceased, an adjournment was taken to the Lindell Hotel, where a banquet was waiting to be despoiled. This elegant and spacious hotel was decorated with a profusion of rare exotics, while a skilled orchestra, hid behind a clump of palms, discoursed sweet music. Promptly at 10:30 the guests filed into the dining room and seated themselves at the heavily laden and beautiful tables. At each plate was a fragrant bunch of flowers and a superbly embossed and engraved menu card, bearing the following interesting legend:

MENU.

Blue Points.

Celery, Olives,

Creme a la Reine, Old Sherry, Haute Sauterne,

Lobster Croquetts, Sweetbreads en Coquilles, Pontet Canet,

Roman Punch,

Perrier Jouet, Prairie Chicken,

Lettuce Salad,

Roquefort, Brie,

Ices, Fruits, Coffee.

After the discussion of the tempting viands had begun, Dr. I. N. Love, who was toast-master of the evening, announced the presence of Governor D. R. Francis, who had come all the way from the State capital, especially to meet and greet the members on this occasion. In introducing the Governor, Dr. Love said: "There is one among you to-night who has shown by his acts, while occupying a position of public trust, that he loves the people of the Mississippi Valley, and it is needless for me to to say that the citizens of the Mississippi Valley, in its entirety, love him."

The Governor made a brilliant and w itty response, scoring many hits. His allusions to the recent trouble in the medical profession of St. Louis brought forth tremendous applause. Referring to this episode, he said: "We are proud of that

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commendable rivalry that exists among the members of any profession, and if there can be one man here to-night who does not unite in extending that Western hospitality of which we truly are proud, to the guests of the local profession of St. Louis, that man is not worthy the name of Missourian."

Dr. Love made some well-chosen remarks at the close of the Governor's address, and introduced President C. H. Hughes, who responded to the toast: "The Mississippi Valley Medical Association." The following toasts were responded to: "The American Medical Association," Dr. Wm. Warren Potter, of Buffalo; "The Pan-American Medical Congress," Dr. Charles A. L. Reed, of Cincinnati; "The Clergy," Rev. Samuel J. Niccolls, of St. Louis; "Our Venerable Mother, the Village by the Sea," Prof. Landon Carter Gray, of New York City; "Our Little Sister, the City by the Lake," Dr. Harold N. Moyer, of Chicago; "The Young Doctor," Dr. J. L. Thompson, of Indianapolis; "What Are We Here For?" Hon. Frank M. Estes, of St. Louis; "The Babies," Dr. A. M. Owen, of Evansville, Ind.; "The Ladies," Dr. O. D. Todd, of Eminence, Ky.

About 500 guests were present, among whom were the following: Dr. William Warren Potter, of Buffalo, N. Y.; Geo. F. Hurbert, Prof. Landon Carter Gray, of New York City; David S. Booth, Belleville, Ill.; John A. Larabee, Louisville, Ky.; J. W. Cahart, Lampasas, Tex.; Jas. T. Jelks, Hot Springs, Ark.; Joseph M. Mathewes, Louisville, Ky.; F. C. Hoyt, St. Joseph, Mo.; J. E. Tefft, Springfield, Mo.; Seth S. Bishop, Chicago, Ill.; F. King, New York; Rufus B. Hall, Cincinnati, Ohio; W. H. Link, Petersburg, Ind.; H. N. Moyer, Chicago; G. F. Lydston, Chicago, Ill.; Thomas Hunt Stucky, Louisville, Ky.; Arch Dixon, Henderson, Ky.; Charles A. L. Reed, Cincinnati, Ohio; Willis P. King, Kansas City, Mo.; Robert C. Kenner, Louisville, Ky.; John B. Hamilton, Chicago; Young H. Bond, A. M. Owen, E. A. Chancellor, Smith, Kingsbury, Broome, J. C. Mulhall, J. D. Irwin, F. R. Fry, Spencer Graves, T. B. Taylor, H. W. Loeb, A. A. Hinske, R. M. Cuiry, B. M. Bond, Leon Straus, J. H. McEntire, Dan Kuhn, W. C. Wiley, of Connecticut, Henry H. Mudd, Ludwig Bremer, A. S. Barnes, W. B. Outten, N. F. Kier, J. R. Lemon. E. S. Lemoyne, Messrs. Duncan and Alvin Mellier, John D. Winn, Frank Ruf, Jack Frost, John R. Peacock, Drs. Enno Sanders, N. L. Hornsby, C. F. V. Ludwig, B. M. Hypes, E. M. Powers. L. E. Newman, Wm. Porter, Waldo Briggs, A. W. Hitt, A. B. Shaw, Thos. O'Reilly, Decourcey B. Lindsley, M. P. Morrell, C. W. Fassett, St. Joseph, Mo., Ch. Marchand, New York.

Not until the "wee sma'" hours did the festivities cease, and the visitors found their bed with or without assistance, according to circumstances.

Friday morning the members were called to order promptly at 10 o'clock, and a continuous session lasting until 2:30 P. M., commenced. The Nominating Committee reported he following nominations for officers for the ensuing year, which report was unanimously adopted: Dr. Charles A. L. Reed, of Cincinnati, for President: Dr. C. S. Bond, of Richmond, Ind., 1st Vice President; Dr. J. Hunt Stucky, of Louisville, 2d Vice President; Dr. E. S. McKee, of Cincinnati, Secretary: Dr. Joseph Ransohoff, F. R. C. S., Cincinnati, Chairman of the Committee of Arrangements. Judicial Council, Drs. P. O. Hooper, Little Rock, Ark., Harold N. Moyer, Chicago,

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Jos. N. Mathews, Louisville, and D. S. Thompson, of Indianapolis. Committee on Credentials: Drs. Arch Dixon, Kentucky, I. N. Love, Missouri, Jas. T. Jelks, Arkansas. E. A. Early, of Pennsylvania, Chairman.

Dr. Charles Truax, of Chicago, read a highly interesting paper entitled "Are Conservative Amputations Always in the Interest of the Patient?" He illustrated his address with a number of artificial limbs, and made the point that persons are often lamed for life by the carelessness of surgeons. He maintained that surgeons in cutting off a limb, generally endeavored to save as much of it as possible, not using any discretion as to where the amputation should be made. He said that if the limb is severed at the knee joint the person will never be able to walk well, but if the amputation is made just above the knee joint the artificial limb can be adjusted so as to be useful. His paper was warmly received and freely discussed.

Dr. John Bartlett, of Chicago, having arrived, read a review of an article entitled "La Pratique des Accouchements Soutenue d' un Grand Nombre d' Observations," by Paul Portal. Dr. Henry H. Mudd, of St. Louis, favored the audience with a paper "Intestinal Obstruction," while Dr. Lenke, of Petersburg, Indiana, discussed "Appendicitis." Dr. H. C. Dalton, of the St. Louis City Hospital, read a highly interesting essay on "Temperature no Guide to Peritonitis." Dr. Warren B. Outten, of St. Louis, treated the audience to a dissertation on the "Mechanical Element in the Treatment of Compound Fracture," and was followed by Dr. J. V. Prewitt, of West Point, Ky., with "A Report of a Case of Retention of the Urine Caused by Multiple Urethral Calculi," and Dr. Leon Straus, of St. Louis, who related some observations on rectal surgery in Europe. Charles A. L. Reed read a practical essay, entitled "An Observation on the Management of Uterine Tumors." "A Rare Laxation of the Elbow," a paper by Dr. J. J. Connor, of Pana, Ill., was followed by a volunteer paper by Dr. J. Fulton Purdom, of Louisville.

When the discussion of the last-named paper had ended, Dr. Hughes, the retiring President, introduced his successor, Dr. Charles A. L. Reed, of Cincinnati, who made an address, thanking the delegates for the honor conferred. Dr. G. F. Lydston, of Chicago, proposed a vote of thanks to Dr. Hughes, the retiring President, and Dr. Love for the valuable services they had rendered. The resolution passed unanimously, as did Dr. George F. Hulbert's motion thanking the visitors for the honor of their company. The convention then adjourned, to meet in Cincinnati in October, 1892.

While these things were going on in the upper hall, the lower apartment presented even a livelier scene. Dr. I. N. Love was rudely seized by a number of the exhibitors and carried down toward the stage, where he was presented with an elegant antique oak book-case. Dr. J. W. Wainwright, of New York, in behalf of about thirty exhibitors, made the presentation speech, to which Dr. Love made a happy response.

About 2:30 Louis Bohle, with over fifty of his carriages, drove up to the Pickwick and took the delegates and their lady friends to the number of about 200, by way of Delmar avenue and Vandeventer place to the Fair Grounds. A stay of about an hour was made at the Jockey Club House, where an excellent dinner was

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served. As the luncheon was finished Dr. Love called on Dr. G. Frank Lydston, of Chicago, editor of the *Western Medical Reporter*, who recited a dialect sketch. A number of toasts were responded to felicitously, after which the carriages were taken again and a visit was paid to Forest Park, Tower Grove Park and other points of interest about the city. The drive was not finished until night-fall, when the visiting physicians bade their hosts and hostesses adieu and took their departure, all voting this the most successful meeting ever held.

THE INTERNATIONAL MEDICAL CONGRESS.

The delegates to this preliminary meeting, convened at the Lindell Hotel, every day during the session of the M. V. M. A. At the last meeting held, the committees reported on the names of the officers selected for the various positions, and these were confirmed by the meeting. The names were as follows: President, Dr. Wm. Pepper, of the Pennsylvania University; Secretary General, Dr. A. C. L. Reed, of Cincinnati; Treasurer, Dr. A. M. Owen, Evansville, Ind. Dr. Van Derveer, of Albany, N. Y., was chosen as a member of the International Executive Committee. The following were elected members of the Board of Trustees: Dr. P. O. Hooper, Little Rock, Ark.; Dr. H. O. Marcy, Boston; Dr. J. J. Kennedy, Des Moines, Ia.; Dr. H. D. Holton, Brattleboro, Vt.; Dr. A. Walter Suiter, Herkimer, N. Y.; Dr. W. T. Briggs, Nashville, Tenn.; Dr. Geo. F. Shrady, New York,

The following are the Chairmen of the different branches of the Congress: Dr. V. C. Vaughan, Ann Harbor, General Medicine; Dr. J. B. Hamilton, Chicago, General Surgery; Dr. G. M. Sternberg, San Francisco, Military Medicine and Surgery; Dr. J. W. McClure, New York, Obsterics; Dr. W. W. Potter, Buffalo, Gynecology and Abdominal Surgery; Dr. J. B. Roberts, Philadelphia, Anatomy; Dr. Austin Flint, New York, Physiology; Dr. Samuel O. L. Potter, San Francisco, Therapeutics; Dr. F. S. Delafield, Philadelphia, Pathology; Dr. John M. Keating, Colorado Springs, Diseases of Children; Dr. Julian J. Chisholm, Baltimore, Ophthalmology; Dr. E. Fletcher Ingalls, Chicago, Laryngology; Dr. C. M. Hobby, Iowa City, Otology; Dr. A. H. Ohmann-Dumesnill, St. Louis, Dermatology; Dr. Ap. Morgan Vance, Louisville, Orthopedics; Dr. Stanford E. Chaille, New Orleans, Hygiene; Surgeon General Browne, United States Navy, Naval Hygiene and Quarantine; Dr. C. H. Hughes, St. Louis, Diseases of Mind and Nervous System; Dr. D. B. St. John Roosa, New York, Medical Pedagogics; Dr. F. W. Draper, Boston, Medical Jurisprudence.

The Vice-Presidents for the United States were not elected because there was not a full attendance of the committee. The members of the committee from each State will be requested to furnish the nominations for the positions.

A sub-committee is in charge of the work of nominating Secretaries, English and Spanish, for each section, with power to act, and they will probably report within the next month.

The regulations fix a fee of $10 for membership.

Eighty-nine registered their names as members.

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Great enthusiasm was manifested by those in attendance, and a highly successful organization is anticipated. A Pan-American Medical Congress is in keeping with the spirit of the times, the trend of which is toward a closer union between the states of North and South America. Commercial relations are already established or are under negotiation, and the scientific reciprocity should and will follow as a natural result. It is generally agreed that the Congress will be held during the World's Fair, but in what city, no one can predict. A strong effort will be made to secure the Congress for Chicago, but serious objections are raised against that project, the most serious of which is that Chicago will be so crowded with visitors, that a scientific body will be too cramped for proper accomodations.

It is a better plan, it is thought, to select a city adjacent to Chicago, which would give the visitors all the advantages proximity to the World's Fair, and yet be free from the objectional features. In that case our own metropolis, St. Louis, would be the best location for the meeting, and no city in the land can offer superior advantages. Sufficient accomodations, a beautiful city filled with wealthy citizens, whose chief delight is in the entertainment of visitors, what more can be said in her favor? St. Louis will certainly make a strong fight for the Congress, and the MEDICAL HERALD will lend a hand, small mayhap, but "Italian" as the word goes. H.

FROM WORK TO PLAY.

No one appreciates the good things of this earth better than the average physician, and no one knows better how to enjoy when the opportunity is offered. To the Committee of Arrangements, to whose lot fell the mental and physical welfare of the visitors to the M. V. M. A., great credit is due for the admirable way in which such arduous duties were performed. Wisely, the day was spent in hard work, but after nightfall, the palatial residences of many of St. Louis' most prominent citizens were thrown open, and the stranger made welcome. Wednesday evening, the visiting members were invited to attend receptions at the residences of Drs. C. H. Hughes, Young H. Bond and I. N. Love.

DR. AND MRS. HUGHES' RECEPTION.

The first reception of the evening was that of Dr. C. H. Hughes, President of the Mississippi Valley Medical Association, who entertained in the most hospitable manner, not only the visiting physicians, but the St. Louis physicians with their families. Besides these, there were many invitations extended to their numerous friends, who were not of the charmed circle. Their handsome new home on West Pine street was profusely decorated with plants and flowers for the occasion, and Mrs. Hughes was ably assisted in her hospitable duties by a party of ladies in elegant toilettes.

An orchestra in the hall, kept accompaniment to the merry hum of conversation, and refreshments were passed continually to the incoming guests, who after passing the compliments of the evening, left to participate in the other fetes prepared for their enjoyment.

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MRS. DR. LOVE'S RECEPTION.

Dr. I. N. Love's new residence upon Lindell boulevard was aglow with light, and redolent with the perfume of flowers last night, for the elegant reception given by him and his handsome wife in compliment to the visiting physicians of the Mississippi Valley Medical Association, was a house warming as well, and his beautiful new home was thrown open for the first time for the inspection of their friends. The artistic interior was accentuated by tasteful grouping of palms and ferns, and cut flowers were to be found in profusion everywhere. The mantel pieces were banked with ferns and roses, and the fire places filled with palms. The chandeliers were draped with smilax and bowed with ribbons, and great vases of sweet scented flowers were everywhere, the table in the dining room being very artistic in its floral garniture.

Hidden by palms and tropical plants, an orchestra rendered a choice programme of music, as the throng of dress-coated gentlemen and ladies in silk attire passed in and out on the wing, like gay birds flitting from one brilliant scene to another. Mrs. Love was assisted in her hospitable duties by a corps of handsome women in elegant toilettes.

MRS. YOUNG H. BOND'S RECEPTION.

Dr. and Mrs. Young H. Bond also threw open the doors of their hospitable mansion on Grand avenue, and it was thronged with guests from the early hours of the evening to the wee sma' hours, for the reception was supplemented by a ball in honor of their two young daughters, Misses Marie and Bessie Bond, debutantes of last winter. Over six-hundred invitations were issued for this brilliant affair, and the spacious halls, salon and parlors presented a beautiful scene with their lavish floral decorations, of which the color scheme, green and pink, formed a picturesque setting for the ladies in their gay attire, the young ladies in their diaphanous gowns of chiffron or gauze in exquisite coloring, adding greatly to the beauty of the interior. In a bower of tropical plants screened from view, a stringed orchestra played during the early hours a delightful musical programme, and later dance music for the ball.

Refreshments were served throughout the evening from a beautifully decorated table, the color scheme there as elsewhere, pink and white roses and ribbons.

In addition to these general receptions, there were numerous select and more or less informal affairs, notably among these being one at the City Hospital, by Supt. Dr. H. C. Dalton and another at Dr. Frank Fry's residence, the latter being in honor of Dr. Landon Carter Gray, of New York. We had intended writing more in detail of these society events, but it is unnecessary, for one can easily imagine what an evening of pleasure it was to all.

THE LADIES.

It would be improper, ungrateful and impolite to give an account of the M. V. M. A. meeting, without mentioning the entertainment given the visiting ladies by the ladies of St. Louis. It was made known early in the session, that the wives,

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daughters, sisters or sweet hearts, of visiting physicians, would be entertained by a committee of ladies of whom Mrs. Dr. George Hulbert was chairman. Unlike the majority of medical meetings, the lady companions of the delegates were not left to languish and pine in hotels, or to indulge in that expensive but pleasant luxury of shopping, but were entertained. How, we do not know, only from hearsay; but that they were well taken care of we are positive. The art of entertaining is born and bred in all St. Louisians, and is taught to those who settle there after maturity. We had the pleasure of enjoying the hospitality of the gentlemen, and if their charming ladies did half as well, and we know that they did better, the visiting ladies left St. Louis with hearts overflowing with love and gratitude for their beautiful and accomplished hostesses.

PARVULES.

"Love laughs at locksmiths." Yes, and at dissenting doctors as well.

Dr. Hamilton, of Chicago, is as great intellectually as he is small physically.

Dr. Kenner finds Salol an efficient and reliable intestinal antiseptic in typhoid fever.

Dr. Reed, the President-elect, is as handsome and courteous as he is an able physician.

St. Louis never looked brighter or cleaner, than did she during the meeting of the M. V. M. A.

St. Joseph and Kansas City were not as well represented as such important cities should have been.

General regret was expressed because of the enforced absence of Dr. Hunter McGuire, of Richmond, Va.

Dr. Broome, the able and affable editor of the *Weekly Medical Review*, was a prominent figure at the meeting.

Stenographer Woodford is a lightning medical stenographer, but he does tell some scaly stories about Chicago smokers.

Dr. Larrabee uses Bethesda or Waukesha Water in his typhoid cases, and thus is sure of getting pure water for his patients.

Dr. Bremer, the honored President of the St. Louis Medical Society, rose to the occasion and joined in welcoming the visitors to the city, notwithstanding the pressure brought to bear upon him, to turn his back upon them.

The Medical Herald representative paid the Insane Asylum a visit, and was nicely treated by the acting Superintendent, Dr. Hermann. The institution is very much overcrowded, and yet presents a good appearance. Much credit is due the medical staff for such excellent management under adverse conditions.

Was it good policy to advance papers from the foot of the program to fill in vacancies caused by absentees? We think the better plan is to drop the absent members to the foot of the program, permitting those who are on hand with their papers to read them, and not compel the prompt member to wait for the derelict one. Numerous complaints were heard against the method adopted, and we think they were well founded.

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THE Exposition was well attended by the visiting doctors, and repaid all for the visit.

MAYOR NOONAN made a happy address at the opening session, and was liberally applauded.

IT was champagne Thursday night, but it was no sham pain that so many had Friday morning.

A VISITING doctor tried to work a barber for a free hair cut, on the strength of his badge, but it didn't go.

DR. LYDSTON, of Chicago, is a most brilliant lecturer, an able editor and an entertaining conversationalist.

DR. LOVE was everywhere, anywhere a visiting doctor could be found. He was not only "in it," but "all over it."

DR. LARRABEE, of Louisville, uses "Peroxide of Hydrogen" as a cleansing solution, in all cases in which pus has formed.

DR. OWEN moved the audience at the Jockey Club, in a most thorough manner. His speech would have moved the Bartholdi Statue, had it been there.

DR. BRANSFORD LEWIS talks about nothing but his new "Fortnightly" journal, and judging from all we heard and saw, it will be worth talking about.

ONE doctor, an advocate of cold water exclusively as a beverage, went to the banquet at the Lindell Hotel. He left after the first course "and he never came back."

DR. JELKS, of Hot Springs, uses sulpho-carbolate of zinc as an antiseptic, and ice bags applied to wrists, neck and abdomen, to reduce temperature, in typhoid fever.

DR. C. H. HUGHES, President of the M. V. M. A., is the most distinguished appearing physician in the State; so said a charming lady friend on Wednesday evening.

DR. HANAU LOEB, formerly of St. Joseph, was prominent in everything calculated to make the visitors happy. Dr. Loeb is really a "handy" man in more ways than one.

DR. I. N. LOVE, loves his family, his friends, his profession, the "Mirror," and lastly, himself. All in all, he is a loving, lovable man, and will forgive us for toying with his name.

THE exhibition of lions at a medical society is all right, and thoroughly appreciated, but no one should be surprised if some of the smaller animals should give the lion's tail a twist.

THE acoustic properties of the Pickwick Theatre are abominable. The architect of that structure is worthy the hearty condemnation of everyone who endeavors to speak in the building.

THE Antikamnia Company covered the Pickwick Theatre with beautiful cut flowers, and themselves with glory and good advertisement. By the way, Antikamnia is a right good remedy after a banquet.

THE MEDICAL HERALD was complimented on every side, by both advertisers and subscribers. As one gentleman said, "The MEDICAL HERALD serves the advertiser and physician, without detriment to either class of patrons." This is perfectly true; we serve the profession first and last, and in so doing give the advertiser an audience, select and large.

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DR. W. C. WILE, (*New Eng. Med. Monthly*) and wife, were among the first arrivals at the convention.

DR. J. T. JELKS, of Hot Springs, had an excellent paper, but the time was too short for a proper presentation of the subject. Twenty minutes is not long enough for the reading of the average paper.

DRS. C. S. BOND of Richmond, Ind., Stucky of Louisville, Lydston of Chicago, and Gray of New York, all lectured to the students of the Marion Sims Medical College during the session of the association.

IF a twenty minute rule is made limiting the reading of papers, it should apply to Tom as well as to Dick, even though Tom is a lion. The same remark applies equally well to the rule governing discussions.

DR. H. C. DALTON, beside being the able Superintendent of the City Hospital, is one of the most skillful operators in the city. His work in abdominal surgery reflects great credit upon himself and St. Louis.

DR. MCKEE, of Cincinnati, makes a speciality of the Hymen. His able article on that subject has attracted world wide attention, and has opened a new field for scientific investigation. And what a delightful field for research it is.

THE meeting of the trustees of the A. M. A. Journal and the committee on organization of the Pan American Medical Congress, simultaneously with the M. V. M. A., was unfortunate, as many members were prevented from attending.

THERE were a few moss-backs in attendance on Wednesday; but by Friday morning the moss had been scraped off, leaving some right good men after all. Wednesday and Thursday nights would take the moss off of a whole regiment of Alliance delegates.

PROF. CH. MARCHAND, the manufacturer of the chemically pure medicinal Peroxide of Hydrogen, added to his already large list of friends, by his genial manners and liberal entertainment. He is as good a judge of wine as he is chemist, and that is saying a good deal.

THE paper of Dr. George Hulbert, on the "Nervous Equation of Pelvic Inflammation," was one of the most valuable presented. It showed deep research and acute reasoning, all coupled with a thorough knowledge of the physiology and pathology of the parts diseased.

MISSOURIANS were justly proud of their Governor, after his speech on Thursday night. There was no one who misunderstood his meaning, and none but endorsed every word he said. If some of those mal-contents could have been there, they would have crawled out through the key-hole.

THE medical press of the Missouri Valley was not as well represented as it should have been. Still, as the MEDICAL HERALD is really the only active exponent of medicine in the West, its presence was probably enough. Its contemporaries can take their report from its pages, as the MEDICAL HERALD is generally a month ahead of the procession.

THE EXHIBITION HALL.

The commodious lower floor of the theatre was given over to the pharmaceutical men for their displays, and was converted into a veritable exposition for the medical profession. That the displays were attractive, is evidenced by the fact that all day long the halls were crowded by young and old, in search of the new and useful in the healing art, and each went away loaded down with preparations heaped upon them by the ambitious and courteous agents in charge of the various departments. No pains were spared to make this department a success, and a great deal of taste was displayed by all participating.

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SAMPLE BOTTLES.

MR. C. SINCLAIR represented the Benzoinal Mfg. Co.

THE COULTER Co. had on exhibition one of their useful Vaporizers.

A NEAT display of Nicholson's Liquid Bread occupied a portion of the west lobby.

MESSRS. WM. H. ARMSTRONG & Co., of Indianapolis, showed a fine line of surgical instruments.

THE HARVARD Co. made a number of sales of their excellent surgical chairs during the session.

CHARLES E. ELLSWORTH operated the Nedofik Adjustable Sofa, manufactured by Clarke, Forbes & Co., Miamasburg, O.

THE SALITONIA PHARMACAL Co. exhibited their new preparations and distributed a great deal of interesting literature.

MR. E. T. HARKRADER presented a very creditable collection of Tarrant & Co.'s goods, and by his interesting manner, attracted much attention.

THE GRAPE SANGA Co., of St. Louis, found ready patrons when dispensing their excellent "Sanga," the new preparation of unfermented grape juice.

MESSRS. W. H. SCHIEFFELIN & Co., of New York, had an elegant display of drugs and fluid extracts, arranged very tastefully by Dr. J. M. Wainright.

THE CUDAHY Co., of Omaha, displayed an assortment of their products, and the gentlemen in charge were kept busy dealing out the Beef Tea to the thirsty doctors.

ONE of the largest and most attractive electrical displays was that of the McIntosh Co. of Chicago, and scores of doctors were seen examining their batteries at all hours.

THE ANTIKAMNIA CHEMICAL Co. did a clever trick in decorating the hall with flowers. The perfume filled the auditorium, and seemed to waft a sweet and silent argument—"opposed to pain."

"QUICKINE," the new "3 A" (Antiseptic, Antipyretic, Antizymotic) is manufactured by the Standard Chemical Co., Jersey City, N. J., and its interests were well taken care of by Mr. J. F. B. Lillard.

THE Eisner & Mendelson Co., of New York, made a nice showing of their specialties, including the new gluten food, "Poluboskos," their standard hypnotic, "Somnal," and many others. This house was ably represented by Mr. Lawrence M. Heilbrum.

THE Holekamp, Grady & Moore Instrument Co., who succeed A. M. Leslie, did themselves proud in their display. This firm is composed of courteous gentlemen of the "pushing" type, whose past experience in the surgical instrument line commends them to the profession generally. Patrons of the old Leslie Co. may depend upon getting the same high class of goods as heretofore.

AN interesting feature of the lower hall was the handsome display of Lehn & Fink's collection of rare botanical drugs, exhibited by Mr. F. W. Koch, editor *Notes on New Remedies*. This collection included valuable specimens from Brazil, Cape Colony, East India, Sumatra, China, Africa and Australia, and was rendered intensely interesting by Mr. Koch's pleasant and lucid manner of explanation. In addition to the varieties, of course Lehn & Fink's specialties were shown, including their standard Pepsins and Hypnotics.

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ARMOUR'S Beef Tea flowed freely.

THE "Roberts & Allison" operating chair attracted attention and made many friends.

MATZON, the new combination of Matzaon and Cod Liver Oil, attracted considerable attention.

THE MEDICAL HERALD, *Fortnightly M. D.* and *Medical Mirror* were the only journals represented.

A NICE display of Condensed Milk and Infant Food from the well-known Helvetia Co. was much admired.

DR. FERDINAND KING, he of the *International Journal of Surgery*, divided his time between the lecture room and exhibit hall.

DR. ENNO SANDER'S booth was well patronized by the delegates, and all were loud in their praise of his "Garrod Spa" and ginger ales.

MESSRS. SEABURY & JOHNSON, New York, presented a novel display of antiseptic dressings, plasters, etc., and were well represented by Mr. L. B. Sanford.

MESSRS. SHARP & DOHME, of Baltimore, had an interesting collection of standard goods, and their able representative was at all times alive to the interests of his house.

CHAS. SCHLEIFFARTH, of St. Louis, displayed a large collection of surgical instruments, which showed this house capable of filling orders for anything the surgeon may need.

"BOVININE" occupied a conspicuous position near the south entrance, and its affable representatives found no trouble in disposing of the large stock of samples of this well known preparation of Beef.

THE SULTAN DRUG CO. and their "Cactina Pillets" were ably represented by Dr. Fred Sultan. Although a young man the Dr. has made thousands of *hearts* glad, and he has not confined himself to the fair sex alone, either.

THE MEDICAL HERALD found much pleasure in the acquaintance of Dr. L. L. Pollock, the genial "Viburnum compound" man. The New York Pharmaceutical Co. have made no mistake in placing Dr. P. among the western profession.

MESSRS. ELI LILLY & CO., Indianapolis and Kansas City, are continually making many friends for their pharmaceutical specialties, and their interests were well attended to at the M. V. M. A. by a most pleasant and intelligent doctor, whose name we regret having forgotten.

AN elaborate display of Peroxide of Hydrogen and Glycozone attracted many visitors, the interest of which was intensified by the presence, *in propria persona*, of that eminent chemist, Dr. Chas. Marchand. The growing interest in Dr. Marchand's preparations is evidenced by the daily expressions of praise from the pens of eminent practitioners in all parts of the country. The doctor was surprised to find so few who knew he was a resident of New York, the general impression being that he was still in France. Dr. Marchand informs THE HERALD that he came to this country some fourteen years ago, and after many discouraging attempts to perfect his process, at last succeeded in accomplishing his purpose, and producing what he now gives to the profession, a powerful, yet harmless Peroxide of Hydrogen, and is now compelled to devote his entire personal attention to its manufacture. This is made possible by the formation of a large and substantial stock company, composed of practical business men, and the detail work of the extensive establishment is so divided up that the doctor is left free to spend his entire time in the laboratory.

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MR. T. J. DELANO, JR., represented "Mellin's Food" and Messrs. Doliber, Goodale & Co. may rest assured that their famous food was as well represented by this gentleman as by any of their "loving friends."

THE irrepressible and only A. D. Roach, carried the banner for the Wm. R. Warner Co., of Philadelphia. Mr. Roach deserves unqualified praise for his ingenuity and good taste in forming his display, which was the largest in the hall.

THE LEONARD MFG. CO., of Indianapolis, Ind., showed their new chair, which posesses many advantages in addition to being extremely simple. Mr. Frank W. Wood, treasurer of the company, operated the "Leonard" for all interested doctors.

THE EXCELSIOR SPRINGS (MO.) CO., represented by Mr. C. W. Fish, exhibited a collection of the bottled products of their wonderful springs. Mr. Fish had the satisfaction of meeting numbers of physicians who were prescribing these waters with pleasing results.

JNO. WYETH & BRO'S choice display was superintended by Messrs. Oscar Tucker and F. G. Aldevorth, and these gentlemen lost no opportunity of saying "Wyeth" to the large assemblage of professional men who were interested in the collection of pharmaceutical products.

RENZ & HENRY, the well known Louisville chemists were advancing indisputable arguments in favor of their "three chlorides," that fell upon the hearers with a power and effect equalled only by the famous combination itself. It was the pleasure of the HERALD to make the acquaintance of Mr. Henry, who is a chemist of rare ability and a gentleman of exceptional qualifications.

THE PARIS MEDICAL CO. and their "Tasteless Quinine" created considerable amusement by offering to prove to any doctor that their preparation was positively tasteless. The medical students in attendance expressed a great deal of curiosity as to how many of their professors would attempt to "take their own medicine." Those who did try it, however, was satisfied that this company had surely succeeded in completely disguising the taste of this disagreeable but useful drug. Especially for children it is unequalled.

THE exhibit of Reed & Carnrick, of New York, was one of the best, for the reason that the products represented possessed merits of the highest order. One of their new articles, called "Kumysgen," attracted the attention of every physician. It is kumyss in the form of tablets. Each tablet contains the solid constituents of an ounce of ordinary kumyss, and all that is necessary to prepare it is to put the tablets in a bottle and to each ounce of water add one tablet. If it is a twelve ounce bottle add twelve ounces of water and tightly cork. The tablets will dissolve in a few minutes, and then you have ready to drink the finest bottle of effervescing kumyss that has ever been prepared. The tablets will keep for any length of time, and it can be made on a railroad train, a steamer, or at home at one's convenience. It is well known that no liquid kumyss put up in bottles will keep for more than a few days. Altogether we consider this the most valuable and important production of the age in dietetics.

Special Notice.

THE interesting papers by Drs. J. W. Prewitt, of West Point, Ky., Chas. Truax, of Chicago, J. W. Carhart, of Lampasas, Texas, and Willis King, Kansas City, were received too late for this issue. These will all appear in our Illustrated Christmas edition, together with a number of other entertaining articles.

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The Southern Surgical and Gynecological Association.

TO BE HELD IN RICHMOND, VIRGINIA, NOVEMBER 10TH, 11TH AND 12TH, 1891.

PRELIMINARY PROGRAMME—PARTIAL LIST OF PAPERS.

The President's Annual Address: Louis S. McMurtry, M. D., Louisville, Ky.

Remarks on Systemic Infection from Gonorrhœa, Illustrated by Cases; Bedford Brown, M. D., Alexandria, Va.

The Rational Treatment of Peritonitis Based upon the Consideration of the Pathological Conditions Present; W. D. Haggard, M. D., Nashville, Tenn.

A Medico-Legal Aspect to Pelvic Inflammation; W. W. Potter, M. D., Buffalo, New York.

Complications in Pelvic Surgery, and How to Deal with Them; Joseph Price, M. D., Philadelphia, Pa.

Cholecystotomy—Report of Case—52 Gallstones and 10 Ounces of Pus Removed —Success; W. B. Rogers, M. D., Memphis, Tenn.

Some of the Complications of Psoas Abscess; J. McFadden Gasten, M. D., Atlanta, Georgia.

Laparotomies Performed in the Past Year; Thos. Opie, M. D., Baltimore, Md.

Imperforation of the Rectum; Geo. Ben. Johnston, M. D., Richmond, Va.

A Case of Induced Abortion for the Relief of the Nausea and Vomiting of Pregnancy, with Remarks; Christopher Tompkins, M. D., Richmond, Va.

The Principle of Drainage as Applied to Surgery of the Deep Urethra; F. W. McRae, M. D., Atlanta, Ga.

The Neuroses of the Genito-Urinary System in the Male; Frank Lydston, M. D., Chicago, Ill.

Nephrectomy, with Report of Cases; Edwin Ricketts, M. D., Cincinnati, O.

Venomous Serpents of the United States, and the Treatment of Wounds Inflicted by Them; Paul B. Barringer, M. D., University of Virginia.

A Report of Some Additional Cases of External Perineal Urethrotomy Without a Guide; J. Edwin Michael, M. D., Baltimore, Md.

Growth of Fibroid Tumors of the Uterus after the Menopause; Jos. Taber Johnson, M. D., Washington, D. C.

The Part the Shoulders Play in the Production of Laceration of the Perineum, with Suggestions for Its Prevention; W. D. Haggard, M. D., Nashville, Tenn.

The Pedicle in Hysterectomy; How Formed: Its Subsequent Behavior; Its Final Condition; I. S. Stone, M. D., Washington, D. C.

A Case of Pelvic Abscess; John Brownrigg, M. D., Columbus, Miss.

A Case of Cyst of the Mesentery, with Remarks; J. A. Goggans M. D., Alexander City, Ala.

The Female Urethra; K. P. Moore, M. D., Macon, Ga.

Medico-Legal Aspect of Intestinal Surgery; J. D. S. Davis, M. D., Birmingham, Ala.

Albuminuria; Its Relation to Surgical Operations; J. W. Long, M. D., Randleman, N. C.

Senile Gangrene; Frank Prince, M. D., Bessemer, Ala.

Hemorrhage vs. Shock, W. L. Robinson, M. D., Danville, Va.

Treatment of Gallstones, with Report of Cases; W. E. B. Davis, M, D., Birmingham, Ala.

Also papers by the following Doctors, the titles of which have not yet been determined: Hunter McGuire, Richmond, Va.: Duncan Eve, Nashville, Tenn.: A. V. L. Brokaw, St. Louis, Mo.; Chas. A. L. Reed, Cincinnati, Ohio; W. F. Westmoreland, Atlanta, Ga.

LOUIS S. MCMURTRY, M. D., President.

W. E. B. DAVIS, M. D., Secretary.

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THE MEDICAL HERALD

A PRACTICAL MONTHLY JOURNAL OF THE MEDICAL SCIENCES.

HIRAM CHRISTOPHER, M. D., Editor.

ASSOCIATE EDITORS: JACOB GEIGER, M. D., SURGERY; J. W. HEDDENS, M.D., PATHOLOGY

To contributors of Original Articles, a liberal number of copies of the HERALD will be given (or mailed free of expense if addresses are furnished), and the publishers will furnish reprints at cost, application for same to be made when copy is forwarded.

Illustrations will be furnished FREE for all articles requiring same, if drawings are furnished.

Original Articles, Clinical Reports, Society Proceedings, Correspondence and News invited.

Address all articles for publication, books for review and exchanges to the EDITOR.

Address all correspondence relating to subscriptions and advertisements to MEDICAL HERALD CO., Sixth and Charles Streets. (See Publishers' Bureau.)

Volume X. Number 11. | ST. JOSEPH, MO., NOVEMBER, 1891 | Single Copies 20c. $2 a Year, in Advance.

EDITORIAL

The Length of Lecture-Sessions.

BEFORE a three or four years' course shall be adopted by medical schools, and practically entered on, it will be well to consider what number of months the sessions shall embrace. Some have already adopted and some have signified their intention to adopt, six and seven months for each session during the three or more years, and with so much haste as to indicate impulsion, arising from a desire to be first, or feeling the pressure of what they considered the inevitable. If there should arise a sentiment in State Boards that a collegiate preparation to the degree of an A. B. should be a prerequisite to matriculation, there hardly would exist the desire "to be first." Yet such a requisition with two sesssons of five months would be better than three sessions of six or seven months without such preliminary education. At present, to many young men enter medical colleges with no mental preparation or training for listening to lectures and reading books whose language is as new to them as is the language of a sixth reader to one who can barely read the fourth. But an advance to the extent of an A. B. preparation is yet many years in the future.

The length of session prevalent in academic and scientific colleges has long been of eight to ten months; and some medical men seem to think that medical schools should have a like length of session. But such fail to note essential differences that exist between medical colleges and all others. That eight, ten or even twelve months of each year for three or four years should be given to medical *matters* by medical students is not questioned,—only what kind of attention should be given. Certainly so long a time should not be given to attendance on lectures.

The curriculum of studies in literary colleges has no practical part connected with it. The things taught and learned have no period of time while a knowledge of them is being acquired, at which such knowledge is to have a practical application. The art of teaching constitutes no part of the course of study in such

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institutions, nor is any practical application of the knowledge ever contemplated by the teachers or taught. When a student has acquired the *book* knowledge necessary to the bestowment of a degree upon him, he goes out into the world equipped in only one respect, and this equipment is not prodromic to the business on which he may enter as a means of continued support. A collegiate course is not necessarily connected with the business the graduate may choose as a life calling. This he may not have determined at the time of his graduation, and hence it constituted no part of his plans while pursuing his course in college. If this course should continue twelve months in each year, and the years should reach the number of even ten, what he there learns may afford him but little, if any, special aid in the business work of life, except so far as the training of his mind is concerned, which may fit him for almost any kind of work. It is certainly an excellent preparation for a professional calling, and constitutes an admirable foundation for social and intellectual intercourse; but it confers on him no special qualification for any particular calling in life.

Again: when a business life is entered, one which does not lie in the line of the knowledge acquired at college, the interests of that business so entirely engage the mind, that what was learned at college is allowed to gradually slip away from the mind, and oftentimes without detriment to the interests of that business and his fitness therefor. The merchant or manufacturer, the lawyer or physician becomes so engaged and immersed in what presses most immediately and intently on the mind, and demands the almost undivided attention, that the classical or philosophical acquirements, receiving no consideration, are lost sight of in the maze of pressing interests, and in the efforts put forth to insure the desired success, on which so much may depend.

In striking contrast with all this is a medical collegiate education, that quantity and kind of knowledge that is acquired in a medical curriculum. Here everything points to the future, to what is to be done when the college passes to the rear. What is there taught and learned is intended as a necessary preparation for a life-business. What is there taught and learned is intended and designed to fit him for a work of life, because the knowledge thereby gained is preliminary and necessary to that work, and sustains as close and intimate a relation to that work, as do the problems of geometry to each other. If one designs to become a surveyor of land and make such work his life-calling, mathematics forms the ground-work for his fitness therefor. So as respects medicine. Its *science* is taught in the school; the *art*, in the laboratory and at the bedside. Practical work is the application of the principles taught. The principles, or the science, of medicine make the work or art intelligent; and to successful practice the one is just as necessary as the other.

Now, what is the rational course that should be pursued in medical instruction,—instruction in all the branches or departments of medicine, and in medicine as a whole? The parts are necessary constituents of a whole, and the practice is necessary to an ultimate pursuit and a special skill in a part. When we consider what a rational course is or should be, and remember that both a science and an art are to be taught, a proper division of time must be made and appropriated to each;

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and since "life is short and art is long," the time devoted to the teaching of the science must be in a proper relation to the time that should be devoted to the acquisition of the art in a degree that qualifies one to pursue it alone.

Perfection can not be had by any plan of teaching, however long continued in the state of pupilage. A time comes when the pupil becomes the the practitioner; and a reasonable limit must be placed on the time of pupilage—on the time that one shall continue attendance on teaching, whether by lectures or recitations, and on laboratory and clinical work. What that time or limitation shall be is now the practical question, since a new state of things is now within our horrizon and likely to prevail.

The principles of the science are stated in books and arise from the clinical facts of observation and experience, as deductions by our reason from observed facts, and are presented by the teacher as guides for the student in etiology, diagnosis and therapeutics. These principles are not numerous, and can be readily mastered by the student when presented in in a clear and logical manner. These become the foundation of practice, and when this is applied in accordance with the principles, the connection of one with the other becomes apparent. But their application in practice, though clearly pointed out in statement, yet needs actual observation to make the application a permanent or stable acquisition. Much can be learned of etiology, diagnosis and therapeutics from written or verbal statements; but what is learned does not become practical knowledge, until the student learn these things by clinical experience and observation. Now, the time required for the acquisition of the necessary knowledge of the principles of art, and of the practica application of the principles, differs very much. A skillful practitioner is made up of two factors: the science and art of medicine; and it requires more time to acquire the art than it does to acquire a knowledge of the science, or the principles which are the basis of practice. These things being true, the question naturally arises, What time shall be given to each?

It is a fact observed in every branch of knowledge that has a practical side of it, that human energy, both of mind and body, can be given to art will less fatigue to both than can be given to mental study. Under mental application to the acquisition of knowledge, both body and mind fatigue. This is especially true in medicine. The passing from one to another is a rest to the mind, and greater is the rest when one passes from the lecture room to the bedside, whether hospital or private clinic. If the medical student could have daily clinics, such as put him in charge of the patient, where he is to make the diagnosis and conduct the treatment to a termination, his attendance on college might be extended throughout the year; for the mind would be rested daily by clinical work. But such a state of things is as remote as an A. B. preparation for matriculation.

While the present plan of instruction in colleges and by colleges continues, wisdom suggests that we should approach a truly practical course of teaching as closely as we may find possible, and it does not appear that any change should be made in the time to be devoted to lecture instruction, by extending the limits of the session beyond five months. At the end of such a time, there need not be such

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a fatigue of mind and body as to require a time for recreation; whereas, if a greater time is given to college attendance, the condition of mind and body will require another month or more for recuperation; so that there will be an actual loss of time to the student from a longer course. A longer course gives less time for practical work during the time between sessions. By such work, what was learned at college can then be the more indelibly impressed on the mind by practical experience and observation, directed and aided by an interested preceptor, or by the advantages and opportunities afforded by hospital work, if such can be had. The great majority, however, must depend on a suitable preceptor; one who will feel and take an interest in placing cases in his charge.

Ensworth College.

ENSWORTH COLLEGE has now in attendance a much larger class than it had the last session; and though the material of the last was excellent, that of the present is still better. About the same number of the fairer portion of creation grace the lecture room, and exert their peculiar and happy influence over the sterner sex. We congratulate the institution on its cheering prospects, and especially on the character and gentlemanly appearance of the young men. The ladies (bless them) deserve more than we have words to express.

The Mississippi Valley Medical Association.

WE take pleasure in calling the attention of our readers to the fact, which is itself apparent, that this issue of the MEDICAL HERALD is devoted, almost entirely, to an account of the seventeenth annual meeting of the Mississippi Valley Medical Association. This powerful association, representing as it does, the bone and sinew of the medical profession of the Mississippi Valley, is we think, worthy the space devoted to it. We feel a pardonable pride in the complete report which we offer our readers, and assure them that next to being there in person, no better idea of the meeting could be obtained. No expense has been spared to obtain a full and complete report, and we feel that our efforts have been crowned with success, and will be duly appreciated by our readers.

The Pan-American Congress, has not been neglected by our representative, and a full list of the committees appointed, is given. But why say more, when a glance at all other pages of this issue, will show them teeming with news.

"A WHEEL WITHIN A WHEEL."—The perfection of beauty in microscopical mounts of diatoms is to be seen in those made by Harold Plowe, of Peoria, Ill. Diatoms are the most beautiful objects in nature, and when arranged in beautiful designs, they are still more beautiful. If any one who has a microscope wants to see a mount of diatoms that will make him utter in astonishment, O, My! let him correspond with this gentleman.

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The Fortnightly M. D.

HANDSOME folding announcements have been received containing the plans and features of this already well known publication, and Dr. Bransford Lewis deserves much praise for the taste displayed in his very readable and artistic prospectus. In the full page advertisement in this issue, will be noticed the names of those who will assist in the editorial work, and their high standing in the profession will vouch for the excellent character of *The Fortnightly M. D.* Dr. Lewis is certainly to be congratulated upon securing so able a corps of contributors. From that spicy little publication, *Notes on New Pharmaceutical Products*, we cull the following:

"Dr. Bransford Lewis has returned from his European tour, invigorated and refreshed physically and mentally by his contact with the medical savants on the other side. It would be the work of supererogation to attempt to set out all that in a professional way, we may expect from the doctor as a result of his observations. It is safe to say, however, that medical literature will be the richer from his trip, and that spurred-up by this extension of his experiences, we may expect even brighter work from his pen through the medium of his new Bi-weekly, *The Fortnightly M. D.*, than that which has heretofore given him an enviable place as a medical writer."

Grand River Medical Society.

THE Seventeenth Annual Meeting of this Association, including the Counties of Livingston, Grundy, Daviess, Caldwell, Harrison, Carroll, Mercer and Linn, will be held at Laclede, Mo., Thursday and Friday, Dec. 3d and 4th. A large attendance is expected. Interesting and profitable papers upon vital questions will be read and discussed. Please give us your presence and the freshest thought you have to share with your brethren.

WM. L. BROSIUS, Sec.,
Gallatin, Mo.

D. F. HANNA, Prest., Gallatin, Mo.

Pamphlets Received.

SCHOOL Hygiene, by J. H. Ravold, M. D., St. Joseph, Mo. (Reprint from *Clinical Reporter*)

ONE Thousand Cases of Labor and their Lessons, by G. W. H. Kemper, M. D. (Reprint from *Med. News*, Sept. 12, '91.)

INJURY to the Thoracic Duct, with an Unique and Inevitable Death by Inanition, by Alvin Eyer, M. D., Cleveland, Ohio. (Reprint from *Medical Record*, August 1st, 1891.)

THE Snook-Kerr Poisoning. The Official Investigation, by H. M. Goodman, M. D., Demonstrator of Physiology, Bacteriology and Pathology, University of Louisville. (Reprint from *Am. Pract. and News.*)

A STEP Backwards, or the Legal Control of Marriage, by J. W. Cathcart, M. D., C. M., D. D., Lampasas Texas. (Reprint from the Transactions of Texas State Medical Association.) Also, Digitalis in the First and Second Stages of Pneumonia. (Reprint from *Jour Am. Ass'n.*)

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Our Book Table

PHYSICIANS LEISURE LIBRARY. Practical Intestinal Surgery. F. B. Robinson, M. D.; Geo. S. Davis, Publisher; Detroit, Mich. Cloth, 50 cents; paper, 25 cents.

A great deal is being written of Intestinal Surgery and much work is being done in that field at present that is worthy of record. One must buy new books on this subject every few months if one desires to keep posted on this branch of surgery. Dr. Robinson records his own experience and experiments and makes an exceedingly interesting brochure. Although a gynecologist he considers the abdomen his field. The work is well worth a careful reading, and the price bears no proposition to the merit.

WOOD'S MEDICAL AND SURGICAL MONOGRAPHS.

August issue. This volume contains four valuable articles. 1. Modern Abdominal Surgery, by Sir T. Spencer Wells, Bart.; 2. Subjective Noises in the Head and Ears; their Etiology, Diagnosis, and Treatment, by H. McNaughton Jones, M. D.; 3. Notes on Surgery for Nurses, by Joseph Bell, M. D.; and Surgical Treatment of Typhlitis, by Frederick Treves, F. R, C. S.

September issue. Contents: 1. Food and Dietaries; A Manuel of Clinical Dietetics, by R. W. Burnet, M. D.; 2. Stertor Apoplexy, and the Management of the Apoplectic State, by Robert L. Bowles. M. D.

PULMONARY CONSUMPTION A NERVOUS DISEASE, by Thomas J. Mays, M. D.

The author says: "The cardinal principle on which this work rests is that pulmonary consumption is not a local but a constitutional disease; that it consists in an exhausted state of the Nervous system in general and of the pulmonary nerves in particular." He attaches much importance to the view that this disease has a genetic connection with "lesions of the pneumograstic nerves." On the hypothesis of nervous exhaustion, he naturally, and we might say, logically, bases his therapeutics, and consequently prescribes means which will conserve and maintain the strength of the body, and suggests rest as the first, if not the most important, of such measures. This he describes in a few pages. Next to this, he considers the elevated temperature. This phenomenon he regards as originating in the nervous system; and in order to reduce the temperate he advises, as important, rest. "Rest is a febrifuge more powerful than quinine or antipyrine, but it is not the only one." He recognizes, however, the so-called antipyretics, as "antipyrine, antifebrine and phenacetine." "Whatever else is done in the interest of a consumptive, it still remains for food to perform the principal role in restoring his health," an important feature of which is its variety, and here we think theory has much to do with his choice of articles of food, without apparently stopping to consider whether the state of the digestive organs warrants the belief that the articles of food recommended can be digested, even with the aid of any of the numerous peptic preparations. In nothing does the medical mind exhibit its vagaries more conspicuously han in the etiology and treatment of phthisis pulmonalis.

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SCIENTIFIC MEDICINE IN ITS RELATION TO HOMŒOPATHY, by Prof. Theodore Bakody, M. D., of the Buda-Pesth University, translated from the German by Rudolph F. Bauer, M. D.; Bœirck & Tafel, Philadelphia, publishers, 1891. Net 50c.

This seems to be an effort to substantiate the truth of *similia similibus curantur*, in a modified form, that of specificity. He thinks that *specific* medicine is nature's plan of curing disease; but whether the *modus operandi* of remedial agents is according to homeopathy, isopathy, allopathy, heteropathy, hyperpathy, hypopathy, or what not, does not seem clear from what is here said. Scientific medicine with him is *specific* medicine. Possibly he is not alone in the pursuit of this *ignis fatuus*.

TABLES FOR DOCTORS AND DRUGGISTS.

Contents: 1. Solubilities; 2. Reactions and Incompatibles; 3. Doses and Uses; 4. Specifie Gravities; 5. Poisons and Antidotes. Published by Geo. S. Davies, Detroit, Mich., and compiled by Eli H. Long, M. D., Professor of Materia Medica, Buffalo College of Pharmacy; Adjunct Professor of Mat. Med., Med. Dept. University of Buffalo. pp. 133.

THE compiler has done a good and an advantageous work for Doctors and Druggists in this compilation. It will soon become indispensable to both classes for which it is intended.

MEDICAL ALLIANCE TRANSACTIONS.

The transaction of the first annual meeting of the United States Medical Practitioners' Protective Alliance have been published, and are now ready for distribution to the profession. The volume contains the addresses in full delivered at the Baltimore meeting, together with the constitution and by-laws, and other information. A copy will be mailed to any physician interested who will send stamp to the Secretary, Dr. J. F. Davidson, Glendale, New Jersey.

MRS. MARY HALLOCK FOOTE, who first came before the public as an illustrator, and later as the author of "The Led Horse Claim" and other novels of Western life, has written a new story which will be one of the serial features of the coming year of "The Century. Mrs. Foote has chosen a field unhackneyed in fiction, the irrigation schemes of the Great West. "The Chosen Valley" will be illustrated by the author.

THE ARENA for October will delight thoughtful, progressive and wide awake people. The frontispiece is a portrait of James Russell Lowell, taken from the latest photographs of the great poet; it is by far the finest portrait yet published of Mr. Lowell and will be prized by thousands of his admirers. Geo. Stewart, D. C. L., LL. D., who contributed to the July "Arena" a scholarly paper on Oliver Wendell Holmes, writes most ably and entertainingly of James Russell Lowell, this being the second of "The Arena" series of papers on American poets. Theodore Stanton contributes a paper of great interest on "Some Weak Spots in the French Republic." Hamlin Garland has a profusely illustrated paper on the artistic work of Mr. and Mrs. James A. Herne; he criticises at length Mr. Herne's most notable plays; giving special attention to "Margaret Fleming" which created such a sensation in

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Boston last spring, and is booked for a return engagement in the Hub during October and November. Moncure D. Conway contributes an interesting paper on "Madame Blavatsky at Adyar." Other notable contributions are "Leaderless Mobs" by H. C. Bradsby, "Emancipation through Nationalism" by Thaddeus B. Wakeman, "Healing through the Mind" by Henry Wood and "Recollections of Old Play Bills" by Charles H. Pattee. The story of the month is very striking and deals with a timely subject, the "Convict Lease System of Tennessee" and is entitled "A Grain of Gold:" the author is Miss Will Allen Dromgoole. The editor writes on "Social Conditions under Louis XV, of France" compared with our present conditions, and a short paper on "Religious Intolerance." The Book Department which occupies eleven pages above the regular one hundred and twenty-eight pages of this magazine, contains reviews by Hamlin Garland, Rev. James Miller, D. D., and the Editor.

ST. NICHOLAS; Juvenile Monthly. The Century Co., Publishers, New York; $3.00 per annum.

St. Nicholas seldom publishes a number without some decided novelty. Here in the October issue we find an account by Margaret Bisland of "Curious Relic," namely, a figurehead of the old frigate "Constitution." Andrew Jackson was the figure chosen by some of his admirers, and one of his opponents stole the head from the bow of the ship. Its after adventures were curious too. Lovers of anecdotal history will welcome this paper, which is illustrated from photographs. "Black Art" is a sketch designed to revive the delights and suggest the possibilities of that very antique device, the silhouette. The author, Jack Bennett, protests against the disuse of the art, and presents his strongest arguments in the very humorous black pictures which go with the sketch he has written. J. H. Dolph, the well-known painter of cats, dogs, and such small deer, furnishes to Mr. Fraser, of "The Century Co. many interesting details of his art-work, and some amusing experiences with feline models. Engravings from his paintings serve to intensify the curiosity which the article cleverly satisfies. The text is admirably adapted to the comprehension of the youngest readers, and thereby becomes lucid and delightful reading for all. There are poems and bits of verses in plenty, Crandall's "Three Trees" being a fair presentation of the poetic, while Malcolm Douglas's "Cuckoo Clocks" is notable for its jolly rhythm, and "White Marie," by Virginia Woodward Cloud, is as dainty a bit of lyrical fancy as any child might hope to find. The Tee-Wahn Folk- Stories, Charles F. Lummis, are no disappointment to the reader who may be led to them by Mr. Edward's facinating pictures. Rosa Schmalz tells of a meeting with Hans Christian Andersen, and there are stories also by Kate M. Putney, Frank M. Bicknell, Tucor Jenks, and others. As this number ends a volume the serials all come to a conclusion, and the tables of contents are cleared for the many good things promised for the Nineteenth Volume.

CONVALESCENCE from disease does not begin until the normal temperature of the body returns and maintains itself unchanged through all periods of the day and night.

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Crumbs.

"Coffee as an Antiseptic."—All hail! Boundless joy! "Twic't all hail!" We are fond of this "drug," and have been using it for some little time; indeed, just when we began its use, we do not remember. This discovery was made where all microbic discoveries are made; in the land of the old Goths. But what is strange about this fact is, that any coffee drinker should ever get sick. This discoverer says that a strong solution "ended the career of a bacillus of typhoid" in twenty-four hours. Just think of that for two seconds and take courage. No more typhoid henceforth for coffee drinkers. The "drug" is dear enough now, but to what figure will the price grow when it becomes universally known that it is "death in the pot" for typhoid fever. But it will also kill the streptococci of erysipelas in twelve hours, and the malignant comma-bacillus of cholera in three to four hours. Soon the time shall come when "there shall be no more sickness nor death."

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On the other hand, another *Savant* in the same land, comes to the front, and declares there ought to be no more kissing. What are we coming to! No more kissing! We might as well die right here and now. Kissing is more deadly than a decoction of upas, because of malignant microbes on the lips. Sweet little babies shall be kissed no more! Just think of it! It is enough to make one shudder when he thinks of the danger to which babies, sweet-hearts, and wives have been exposed. We venture the opinion, however, that this savant cuts off all view to his mouth by a heavy beard on his lip and chin, and that they are not entirely free of beer or soup or "saft things." Here every pathogenic germ can find a nutritive nidus; and possibly, his sage opinion arose from his own personal experience. Such a mouth can hardly have clean lips, and if "disease germs" always attend uncleanness, sanitary considerations would suggest that "he ought to take his own physic."

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Another Savant, we suppose he is, a "Dr. Maporth" finds a diet of oatmeal and brown bread greatly promotes the growth of hair." Now, we have used oatmeal three times a day for three hundred and sixty-five days in a year, and for ten years "straight ahead," and find our vertex as destitute of its hirsute covering as it was before the use of the meal was begun. "Leaves have their time to fall."

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It is the boast of England that the sun never sets on her dominions. Well, any little island might join itself to other little islands, all very far apart, but within a day's journy of the sun, and then proudly say, Behold my dominions. But the pesky, turbulent and aggressive little piece of land standing out of the North Sea, must hide its face in the presence of the United States, a solid, continuous land, stretching from ocean to ocean and from the gulf to beyond the Arctic ocean. On Uncle Sam's land "the sun never sets." When it is 6 o'clock at Attoo Island, Alaska, it is 9:36 a. m. the next day on the Eastern Coast of Maine.—*Scientific American.*

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Good old England, and not only she, but all Europe, if the magnates of all kinds will only come, will discover that not only is the territory of Uncle Sam from sea to sea, but that his people are great and mighty. The World's Exposition at Chicago will be on a scale as extensive as this broad and glorious land, and will

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show the world what a free people can do when they put their mind in their work. They will come to think that "the world was made here," when they get a view of what is to be seen everywhere and especially at Chicago, where the imagination will be overwhelmed with amazement at the wonderful creations of a day. Yesterday, there was a great city, indeed, but to-day there is a world, the work of a people and not of thrones and magnates. But great as this display of energy, genius and pluck shall be, it will be but a speck of greatness on the face of this glorious land of freemen.

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THE strongly girded mountains with their rugged features prominently in view, and furrowed by deeply grooved wrinkles which bespeak a hoary age and terrible internal struggles, have something analogous in the rugged and stern natures of men whose internal fires of passion, daring, and encounter mark them as beings distinguished for strength, endurance, and the accomplishment of great deeds of heroism. Such command a respect mingled with awe, and excite in us feelings such as arise when we view the rocky, rugged, and deeply scarred mountains; but they touch not the heart with tenderness, nor excite any of the finer and gentler feelings of our better nature. They inspire awe, but awake no love in the heart. But if we but touch this mimosa, never so gently, it shrinks from our contact—almost from our gaze, so delicate and tender is its sensitiveness, and seems to seek some shady cover to hide itself from the presence of the rude intruder. The nature of the mimosa we see in the pure, modest, and shrinking maiden or wife or mother in whose presence we feel the charm of her gentle and lovely eyes, the power of her captivating expression, by which we soon find ourselves entangled in the web of emotions too strong and subduing for our resistance. Such natures are like a beautiful and lovely plain, beautified by flowers, and to our sense redolent with the sweetest fragrance, and moving in zephyrs so gentle as scarcely to stir a leaf hanging from the slenderest stem. Were it not for the mimosa we should not know that there was anything sensitive, delicate, tender and gentle in all the world of plants; and were it not for *woman* we should not know that there was any living creature but the rugged, strong, and daring man; grand, indeed, but grand only as are the mountains. There are in her nature great moral and spiritual depths which man can not know nor understand; depths so profound as not to be disturbed except by great upheavels of grief and suffering, and yet so shallow as to be swept as with a blast by a tear of sorrow or a cry of anguish. A mother buries a lovely boy, suddenly dead of a swift disease or sudden accident; one who had woven around him all the strong and tender fibres of her maternal nature, and every remembrance of her dear boy is brought to her heart by a thousand memories, hopes, and fears; by every sound in a distant room as if they were tread of his joyous feet, and by all the little things she had gathered for him to amuse his innocent hours, and keep him near her. Who then, when he is no more to be seen, no more to throb her loving heart with joy and pride, who then can fathom the depths of her grief, whose waves, still throbbing, throw to the view only the spray of tear-drops that glisten in the eyes and overflow their barriers? Who knows the anguish of the soul, the deep sorrow of the heart, and the overwhelming grief that find no vent but in silent tears and broken sobs? Who but the tender idolatrous mother, the strength of whose life lies buried under the heaving mold? There is no power in all this world, there are no sinews of strength in all the strong things of nature like a mother's love. It would be a taste of eternal bliss to feel but one impulse of that love, a crown of amaranthine joy to experience one throb of the joy and hope which she had in her boy—an all absorbing joy and hope that filled up to her the infinite yearnings of her tender heart. Such natures lie on the borders of a world of light, life and joy unalloyed, and need but a gentle push by the hand of death to usher them at once into a world of undisturbed love and unfading bliss.

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THERE is not much medicine now; it is all surgery. There are but few doctors; all are surgeons. The field of repute and the road to wealth is surgery, and of surgery, operative. This shows, this enthuses the operator, and captivates the public. It is the all of life. The earth was made for the surgeon, and he seems content with the gift. When he is cutting, he is happy, and when not, miserable. "Abernathy was delivering a lecture after a lithotomy, and waxing eloquent with the interest of his subject, he finally burst forth: 'Gentlemen, if there is no cutting for stone in heaven, I do not care to go there.'"

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KOCH, by his surprising discovery, has started investigations in the microbic field that have alarmed the whole world. On all hands we hear of men making inquiries and starting questions that so excite the mind that one feels that he is not safe anywhere or at anytime, and the only comfort he can take in his miserable situation is that he can so panoply himself with microbic poisons, otherwise called antiseptics, as to be comparatively safe. But he cannot always apply them. The sleeping cars carry all kinds of people who leave behind them on the seats and in the beds such number of bacteria, cocci, etc., that one cannot feel himself safe in any coach except the smoking car, where the fumes of tobacco are so stifling that we may infer that they are destructive to microbes. But what are the occupants of Pullmans and Wagners to do? In these the consumptives travel and doubtless leave behind them the infectious bacilli.

AUTUMN.

Genial Autumn with golden fruits is here.
Its lazy winds creep slowly by; its warmth
So soft we love to linger in the sun,
And feel its soothing rays of mellow light.
Beauty robes the forests in varied hues,
And tree and shrub in dress of purple, gold,
And crimson glow. The fields are brown with corn;
And ev'rywhere peaceful quiet reigns. Th' woods
Are silent now, and of the feather'd tribe,
Only the meadow lark and quail are heard;
Others have gone to warmer, balmier climes.
They know the time to come, the time to go,
And prompt to time they take their flight afar,
Ere northern winds from snow-clad hills and plains,
Scatter the shelt'ring leaves and bare the boughs
Of trees and shrubs, and leave their nooks naked
And open to the piercing blasts. On nimble wings
They rise on the buoyant air, and light on
Sunny plains, and rest in cool, shady groves,
Till winter here shall melt in genial spring.

We have no wings *as yet*. We can not fly
From heat or cold, or woe or care, or dread
Anxiety of mind or heart, nor run
From aught that brings us pains or makes us weep.
But sometime, our Autumn shall come, and bid
Us upward look and far; then quick on wing
We too shall soar away and seek a clime
Where naught that frets us here shall ever be.

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DR. E. R. SQUIBB, of Brooklyn, N. Y. "On the Medicinal Uses of Hydrogen Peroxide," "Diphtheria." *Gaillard's Medical Journal*, N. Y.

DR. G. F. ADAMS, of Pulaski, N. Y. "Diphtheria." *Medical Era*, of Chicago.

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PROGRESS

Etherization in Laryngeal Croup.—Dr. Betz reports the case of a child, aged eighteen months, that presented the typhical symptoms of laryngeal croup. The case appeared so hopeless that tracheotomy was, although proposed, rejected. Dr. Bretz then proposed "etherization." Three drops of a mixture of ether sulph. three parts, acetic ether one part, menthol o. 1 part were ordered to be inhaled every quarter of an hour, just as chloroform is inhaled. It was hoped that the cold from the evaporating mixture would contract the surface blood-vessels of the larynx, and thus reduce the oedema present. The child was seen again in two hours, and the condition had somewhat improved. The etherization to be continued, three to four drops every half hour. After six hours the condition was unmistakably better, so much so, in fact, that the etherization could be dispensed with. A piece of intestine filled with ice was placed around the child's neck. After this progress was so rapid that in twenty-four hours the child was out of danger.—*Memorabiline.*

Habitual Abortion, Treatment of.—At a recent meeting of the West London Medico-Chirurgical Society, Dr. Napier read a communication on this subject. He classified the various methods of treatment under four headings: 1. Rest or exercise, insisting on the necessity of absolute rest for at least six days in the month 2. Local cure of uterine disease, chronic endometritis being regarded as the chief cause of abortion, in that retroflexion and other displacements, with atony of the mucous membrane, leucorrhœa, etc., were regarded as resulting from chronic uterine inflammations or congestions. 3. Constitutional treatment. 4. Drug treatment. The value of local treatment was strongly urged, and in estimating the comparative utility of drugs the prolonged exhibition of mercury, even in cases of non-specific nature, was extolled above all other therapy, while as a uterine sedative viburnum was preferred to any other drug by the author of this paper, in whose practice seventy-seven per cent of habitual aborters had borne living children after treatment by local methods and drugs.

A Resume of the History and Practical Application of Hydrogen Peroxide in Surgical Affections.—Hydrogen peroxide was discovered by M. Thenard, a French chemist, in the year 1818, since which time it has, like many other therapeutical remedies lain dormant, occasionally brought forward by some "enthusiast" and its virtures highly extolled for a time. But the drug, unequal to the task of proving all that has been said in its favor, was again returned to its stall of oblivion. Within the past few years, it has been brought before the medical profession, on account of its antiseptic properties, and apparently has awakened into active therapeutic life.

In looking over the literature on the subject, I find that Dr. B. W. Richardsons in 1852, called attention to the action of hydrogen peroxide in an article upon the

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subject, which excited wide spread interest in the profession at that time and has led to many experiments with the drug. both in surgery and medicine.

It is my purpose to confine myself in this study entirely to the treatment of surgical affections. Before referring to the results of my own experience, during the past few months, I will briefly allude to some of the most important monographs which have appeared from time to time in our medical journals. C. T. Kingzett believes that the substance exhibits striking antiseptic effects and is capable, even in very small quanties, of arresting the so-called process of fermentation which is orginated by living organisms. He further calls attention to the fact that care should be exercised in making the solution neutral before using, and yet admits that neutral solutions are by no means as stable as are those of a slightly acid reaction. In closing his monograph he states that the exceptions of several noted surgeons of France in the treatment of wounds with this compound have been amply realized; among those may be mentioned M. Baldy, M. Regnard and M. Beau. In summing up his article he further says that, in his opinion, hydrogen peroxide is far superior to phenol, and that it has been demonstrated beyond question that all wounds treated with peroxide of hydrogen have progressed well, healing generally by first intention.

A. E. Prince speaks most favorably of the results obtained with this remedy.

C. E. Shelly considers it to possess anæsthetic properties, and at the same time claiming for the drug, not only a pus destroyer, but that it is an actual stimulant to the surface of wounds. To the carefully conducted experiments of Dr. P. Miquel, quoted by W. D. Bizzett, we owe the establishment on a firm basis, of hydrogen peroxide as a positive germicide. The line of experimentation pursued had the following aim: to determine the quantity of various substances, commonly used as germicides, which, added to a quart of beef tea, would prevent decomposition. Miquel found among a long list of substances used by him, that only two were more powerful than hydrogen peroxide. The following table shows the relative strength, according to his experiments, of the four most powerful germicides:

Biniodide Mercury	0.025 grains.
Biniodide Silver	0.03 grains.
Hydrogen Peroxide	0.05 grains.
Bichloride Mercury	0.07 grains.

The results thus obtained place hydrogen peroxide ahead of bichloride mercury as a germicide, with the advantage, also, of being absolutely void of any toxic action, while the corosive sublimate is a most virulent poison. Bizzet claims that when the pure peroxide, which is syrupy in consistence, is brought into contact with living tissues, it acts as a direct caustic. Various experiments were made by H. Gifford directly with the *disease germs*, thus testing the germicidal action of the peroxide. Two methods of determining its ability to destroy germs, were used, that of Koch, and his own well known method. The preparation of peroxide used, was that of Chas. Marchand's (15 vol.). Gifford found that the white and yellow cocci, as well as the bacilli anthrax, were killed in exposures of from $\frac{3}{4}$ to $1\frac{1}{2}$ minutes. It required but $\frac{3}{8}$ of a minute to destroy fully developed anthrax spores. He further found that the solution exposed for 40 days, to a temperature of 68-75°killed the

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yellow pus cocci in from 10-11 minutes. The same solution of peroxide, when diluted with *four* times its bulk, requires an exposure of 30 minutes to kill the pus cocci. If diluted with an equal volume, it kills within ¾ minute. After an experience of six months, I. N. Love sums up the action of hydrogen peroxide as follows: It is a most efficient means of cleansing purulent surfaces, deep cavities and sinuses, stimulating the healthy procees in ulcerating parts. As a destroyer of microbes, a cleanser and securer of comfort, it is of great value as a local application.

My own experience with this drug in surgical affections, during the past ten months, has been most satisfactory. During that time I have used the remedy in the following affections: Abcesses (acute and chronic, of various kinds), suppurating glands, sloughing gangrenous wounds, empyema of the chest, necrosis (general and localized), suppurative otitis media, and wounds of and all descriptions. The ages of the cases treated, varied from two to thirteen years. The mode of applying the peroxide was as follows: All cavities, crevices, etc., were syringed with the bichloride of mercury(1-2000, to 1-6000) and then carefully cleansed with the hydrogen peroxide (Marchand's).

At first one volume of this solution was diluted with two or three times its bulk. Later on, I used the full strength. The first effect noticed after applying the peroxide, was the rapid oxidation of all purulent or bloody material, which would cause the distention of crevices, no matter how minute, with the oxygen, which was eliminated as a frothy (often yellowish, depending on the quantity of pus present) bubbling substance. After the oxidation was completed, the wound was always left in a clean, sweet condition, absolutely free from pus. The wounds were then gently dusted over with iodoform and the usual antiseptic dressings of gause, etc , were applied. On removal of the dressings, a few days later, it was noticed that the wounds were in almost every instance cleaner (especially marked in acute cases) more healthy in appearance and with a decided diminution in the quantity of pus secreted. The thought being suggested, that possibly the bichloride and not the peroxide was instrumental in producing the favorable results noticed, I commenced a series of control experiments. I would, at one dressing, use simply the bichloride of mercury, following this, at the next dressing, with peroxide. Thus making actual comparisons in the same cases. After several alternate dressings as above, I found *without exception* that the hydrogen peroxide perceptibly diminished pus formation to a much greater degree than simply bichloride alone.

The belief that iodoform should not be used in conjunction with the peroxide, for fear of liberating free iodine, which as a direct irritant, would defeat the object in view, is, I believe erroneous. I have found that when a quantity of iodoform was placed in a small receptacle covered with the peroxide solution and then set aside for periods varying from three hours to three days, on being treated chemically for free iodine, with the ordinary starch test, gave negative results. Although one drop of a solution of iodine, on being added to the same solutions, gave a brilliant reaction on addition of the starch.

In all cases in which the peroxide was given a fair trial, I have observed a

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direct healing effect upon the granulating tissues. It is therefore evident that, owing to its oxidizing action on the pus and the diminution of the purulent secretions after its use, it does, either directly or indirectly, cause a destruction of the anthrax bacillus. In concluding my article, I think, from the chemical as well as the experimental evidence which has been deduced, we can safely sum up the action of peroxide of hydrogen in the treatment of surgical affections as follows:

1. Hydrogen peroxide is a positive germicide and a possible stimulant to granulating tissues.

2. Owing to its especial property of eliminating oxygen, it is of unparalleled value in the distention of suppurating sinuses and cavities, especially in the mastoid region, or where it is almost impossible to reach unhealthy surfaces by other means.

3. The diluted solution is perfectly harmless and can with safety be used in any quantity.

4. The strong concentrated solution, syrupy in consistence, is a direct irritant to all tissues and should never be used.

5. It possesses healing and cleansing qualities as well as those germicidal in nature.

6. When exposed to light it losses its strength: care should therefore be exercised in keeping the bottles well stopped with rubber corks, and in a cool, dry place.

7. Fibrin, cellular tissue and some metals, instantly decompose it. In contact with sugar and starch it eliminates carbon dioxide (CO_2),

8. In washing suppurating surfaces, it should be used until oxidation ceases, thus showing a complete destruction of all existing purulent material.—*S. Park Eagleton, in Med. and Surg. Reporter.*

Chloroform Anesthesia.—Dr. Laurence Turnbull, presented a paper to the Section of Surgery, at the last meeting of the American Medical Congress, the conclusion of which are given below. Dr. Turnbull has paid great attention to the subject of anesthetics, and his conclusions concerning them will be received as coming from an authority: 1. During the protracted use of chloroform as an anesthetic, the blood is changed in charaeter, lowered in pressure, with weakening of the action of the heart and changes in its structure. 2. Dilatation of the heart occurs under the use of chloroform at all stages, and both sides of the heart, while the heart muscle is weakened. 3. Cardiac failure occurred before respiration in thirteen instances out of forty-three cases of death from chloroform. 4. The depressing influence of chloroform on the heart mechanism is not exerted through the vagus nerves, and sections of both vagi does not obviate the weakening and dilating influence of chloroform on the heart. 5. Too many trifling operations are performed under chloroform; its use should be reserved for those cases in which either, nitrous oxide, or cocaine will not produce the anesthesia desired. 6. Ether deaths, as a rule, occur in patients of a certain class, usually from obstructed respiration, and occasionally the heart will stop first, as in two of the four cases in our tables. 7 Watch both pulse and respiration, both in chloroform and ether;

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when the breathing becomes very rapid, danger is near. These changes are apt to follow the first act of respiration. Chloroform vapor should not be employed over four per cent.

Chloralamid. A Study of the Medicinal Value of this Hypnotic.—*Pharmacology.*—Chloralamid, known also as chloramid, or more correctly as chloralformamid or formidate of chloral, one of the recently introduced hypnotics, was first prepared by Prof. Von Mering, of Strassburg, and its manufacture upon a commercial scale has been entrusted to the great chemical house of Schering, in Berlin. Chloralamid is composed of two parts of chloral anhydride with one part of formamide. From a commercial point of view it possesses an advantage which cannot be overlooked in its cheapness, costing only about one half as much as sulphonal. This substance comes in the form of white granular crystals, which melt at 230° F. and dissolve slowly in about twenty parts of cold water, in one part of absolute alcohol, and in one and a half parts of 96 per cent alcohol. The alcoholic solution is not precipitated by the addition of water. Although its solubility is increased in warm water, yet this fact is scarcely of practical advantage, or at least the temperature must be carefully observed, since chloralamid is destroyed when the mercury ascends above 140° F. It is decomposed by caustic alkalies and alkaline carbonates, which are consequently chemically incompatible with chloralamid. Chloral is set free when chloralamid is heated to its melting point. Chloralamid is administered in doses ranging from 15 to 60 grains. In most cases in which it has been used 30 grains have been found sufficient. In order to obtain its therapeutical effects chloralamid should be exhibited an hour or an hour and a half before bed-time.

Physiological Action.—Chloralamid is devoid of local irritant properties, and a ten per cent solution has been found entirely innocuous to the conjunctiva. It has but little taste, being but slightly bitterish, and is therefore completely disguised by the liquor in which it is dissolved. Chloralamid is without action upon the bowels or kidneys. Most observers agree that no marked effect is produced upon the respiration or circulation in the course of physiological or clinical experiments. In eleven cases Dr. E. Reichman, of Prof. Riegel's Clinic in Giessen, detected no depressant effect upon the circulation from two to four gramme doses. Sphygmographic tracings were made in these cases and when measured with a V. Basch sphygmomanometer no considerable fluctuation in the pressure of the blood was noticed. Kny suggests that chloralamid is decomposed by the free alkali of the blood into chloral hydrate and formamide, but that this change takes place very slowly, and therefore butsmall quantities of chloral hydrate are liberated at a time. The chief physiological action is that of a hypnotic. In some instances this effect is produced within half an hour, in others it does not make its appearance until the lapse of two or three hours. In most cases, however, it is manifested within an hour. The slumber is sound, natural and refreshing, and continues from five toten hours. No cumulative effects have been observed.

Therapy.—The chief therapeutic employment of chloralamid is in insomnia, except when insomnia is due to extreme mental excitement or severe pain. When

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sleeplessness is caused by or associated with nervousness, neurasthenia, hysteria, chronic alcoholism, and a great variety of organic affections, this remedy is usualiy productive of the happiest effects. The tastelessness of chloralamid, its comparative freedom from after effects, its absolute safety in the number of cases in which it has been used, the absence of cumulative action or deleterious influence upon the secretions are advantages which cannot fail to commend this remedy alike to the therapeutist and the patient. The conscientious practitioner is bound to watch with care the effect of any active drug which he may prescribe, and this truth applies to chloralamid just as it does to opium, chloral or nux vomica. Our experience with chloralamid is less than chloral hydrate, yet it does appear that the former substance may be used with less dread and less danger than the latter when organic heart disease is attended by obstinate insomnia. Dr. W. Hale White has reported in the British *Medical Journal* twenty cases of various affections, among which were several of valvular disease in which chloralamid was advantageously administered. Kny and Reichmann met with the same experience. In the case of a boy suffering from pericarditis with mitral disease this drug was successfully used by Dr. W. Hale White. The same writer mentions a case of thoracic aneurism in which chloralamid was more beneficial than hypodermic injections of morphine. Indeed, while it is in general true that chloralamid is of no avail when severe pain is present, yet exceptions to this statment are tolerably frequent. Pain was a prominent symptom in several of Dr. W. Hale White's cases in which chloralamid was more efficacious than morphine in causing sleep. The affections were sarcoma of the rib, carcinoma of the stomach, carcinoma of the liver, rheumatic fever and floating kidney with mitral regurgitation, the floating kidney causing much pain. Dr. W. Hale White records a case of brachial monophlegia, probably due to embolism and cerebral softening, and accompanied by noisy delirium, in which thirty grains of chloralamid was always productive of several hours quiet sleep. Dr. I. N. Love, of St. Louis, has derived excellent results from chloralamid in the cerebral disturbances of children when other agents had failed. From two to four grains has produced good sleep in an infant from six months to a year old, after chloral hydrate and bromide of sodium had been tried in vain. Dr. Alt, of the Neurological Clinic at Halle, reports a very favorable result from the use of chloralamid in two cases of chorea. A boy, eleven years of age, was almost completely cured in five days by the use of fifteen grains three times a day. The second case was that of a girl who had been treated with arsenic for fourteen weeks without result. Recovery took place in eight days when placed on chloralamid. Dr. C. R. Hexamer, of Stamford, Conn., relates that in two cases of alcoholic tremor he used chloralamid in doses of thirty to forty-five grains with decidedly beneficial effect. Several cases of locomotor ataxia have been reported in which sleep was produced by the same drug after the failure of morphine. Comfortable sleep followed its use in a case of spastic paraplegia under the care of Dr. W. Hale White. In conclusion it may be mentioned as a valuable testimonial to the worth of chloralamid that it has been made officinal in the last edition of the German Pharmacopœia.—JOHN V. SHOEMAKER, A. M., M. D., in *Med. and Surg. Reporter.*

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PEPTOGENIC MILK POWDER::::

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Which conforms to the present status of knowledge of the composition of cows' and human milk, and the physiology of infant digestion — the only food which conforms to the universally accepted postulate that the best artificial food for an infant is that which in the highest degree resembles mothers' milk.

The pivotal feature of this process is the physiological conversion of the caseine by a digestive ferment, an expedient far more effective and convenient than any hitherto devised, and which makes possible the quantitative and qualitative modifications of cows' milk to a correspondence with human milk, as indicated by the results of comparative analyses.

We submit the Peptogenic Milk Powder and method solely upon this ground, as a scientific, practical and successful method of modifying cows' milk to the known composition of human milk.

Upon this ground we ask the attention of every physician interested in providing a food for infants deprived of breast milk.

Samples and complete information, sent upon demand.

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NEW YORK CITY

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News and Miscellany

Dr. A. G. Young, of Forbes, paid St. Joseph a flying visit recently.

Dr. F. B. Culverson, of Glenwood, Iowa, was a recent caller at The Herald.

Mr. C. A. Battle. Vice-President of Battle & Co. the well known chemists of St. Louis, is making a tour of Europe.

The Herald received a pleasant call last month from Dr. Eugene H. Bullock, (Ensworth 90-91), of Mound City, Mo.

The Lambert Pharmacal Co. have just moved into their handsome new building, at Twenty-first street and Lucas Place.

The American Public Health Association will hold its next session in the City of Mexico, and in 1893 will meet at Chicago.

Holekamp, Grady & Moore have succeeded Leslie in the surgical instrument business, at the old stand, 915 Olive street, St. Louis.

Owing to the lengthy report of the Mississippi Valley Medical Meeting, a very interesting letter from New York is crowded out of this issue, as is also our report of the Medical Congress, at Washington. Both will appear in our Christmas issue.

The Medical Herald Christmas Illustrated number promises to be an innovation in medical literature. Orders for extra copies have been pouring in at such rate that an extra edition of six or seven thousand will be required to supply the demand.

Dr. H. W. Loeb, of St. Louis, paid The Herald a visit recently. Although an earnest advocate of the interests of our sister city down the river, the Doctor never forgets St. Joseph, her medical college, her girls, or her Medical Herald. Call again, Doctor, and bring another story from the same Parish.

Small-pox and vaccination was the subject of much discussion, at the recent Public Health Meeting, at Kansas City. Dr. Paul Paquin read an interesting paper on this subject, in which he dwelt upon the difficulty of procuring strictly pure vaccine. Dr. Yese, of the City of Mexico, stated that in his country human vaccine alone was used, the product of lower animal not being cultivated. Vaccination is compulsory in Mexico.

The Barr Electric Lighter, which is advertised on another page, is also a medical battery, neat, portable and powerful, constructed on the most approved and modern scientific principle, producing an electric current of the finest or greatest intensity. Great pains have been taken in their manufacture, thus rendering them not liable to get out of order. It is claimed that this instrument, as constructed, is the most perfect, cheapest and strongest acid Medical Battery yet put upon the market. It is always ready to obtain an electric light, an electric current, or an electric communication by bell to any desired distance. By the aid of No. 3 Combination Apparatus, any person can lay his own wires and have instant Electrical Communication from one place to another at a very small cost. This instrument, with change of Battery charge, can also be used for Electric Gas Lighting and Burglar Alarm or Bell Call purposes. With sufficient quantity of wire and attachments you can connect your doors, windows, safes, etc., and have a safe and reliable Electric Burglar Alarm at an absurdly low figure. There seems to be no limit to inventive genius. This little instrument will prove a valuable and ornamental article for the physician's office table.

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Peristalsis Re-established and Permanently Maintained.

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No Griping; No Nausea; nor any Distressing Re-action.

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MALTINE, the base of this Preparation, is a Powerful Reconstructive, while the base of "Syrups of Hypophosphites," being a Solution of Cane Sugar, is inert.

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Upon application we will send to any physician, who will pay express charges, a case containing an eight ounce bottle of each of the above preparations; also, descriptive card of MALTINE and its eight compounds with their formulæ.

THE MALTINE MANUFACTURING CO.

19 WARREN STREET, NEW YORK.

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SUBSCRIPTIONS sent in *now*, for 1892 entitle you to a copy of the Illustrated Christmas number *free*. Additional copies, 25c each.

INFANTILE convulsions may be controlled by a few whiffs of amyl nitrite followed by chloroform, and the later administration of veratrum viride.

THE Austrian government has passed a law compelling physicians who wish to style themselves specialists in any branch, to furnish proof that they have devoted special study to the diseases they profess to treat.

CHICAGO medicine experts are making war through the daily press, upon the sky-scraping buildings, claiming that they are a menace to health, through their crowding propensities, and the scarcity of fresh air and sunlight.

IN consequence of the large demand for advertising space in THE HERALD, it has been necessary to raise the rates fifty per cent. We are compelled to resort to this extreme to keep our advertising pages down to a limit, as well as a means of regulating the standard of those we admit to our columns. The ultimation being that smaller space is used by those who appreciate the influence of this medium, and a barrier is erected against the class of trade we wish to avoid.

VAN HOUTEN & ZOON, the manufacturers of cocoa at Weesp, Holland, have set apart $100,000 with which to make a splendid exhibit at the Exposition in Chicago in 1893. They intend to erect a large building in the style of old Holland architecture of the fifteenth century, and to put in it, besides an exhibit in their own line of business, paintings, views, bric-a-brac, etc., illustrative of the Netherlands and the life and characteristics of the Dutch people. They will have there a "cocoa school," where Dutch maidens, clad in picturesque native attire, will make delicious cocoa beverages according to the most approved methods, and will serve it to visitors.

PONCA Compound exercises a decided and specific alterative action upon the uterine tissues as also a general tonic influence upon the pelvic organs:—It has a tendency to absorb plastic deposits, to regulate the vascular supply and thus relieve congestion: to encourage peristaltic action of the bowels, to tone up the nerve forces and thus remove spasmodic conditions. In most instances it eradicates the principal influences that cause and keep up engorgements, displacements, etc., and can always be relied upon as the chief factor in bringing about normal condition. Its range of uses is well indicated by its formula:—Ext. Ponca, 3 grs.; Ext. Mitchella Reprens, 1 gr.; Caulophyllin, ¼ gr.; Helonin, ⅛ gr.; Viburnin, ⅛ gr. 100 Tablets will be mailed upon the receipt of $1.00 by the Mellier Drug Co., St. Louis.

STATE FISH COMMISSIONERS. H. M. Garlichs, Chairman, St. Joseph, Mo.; Ed. Cunningham, Jr., St. Louis; J. L. Smith, Kansas City; A. C. Garlichs, Secretary, St. Joseph. OFFICE OF MISSOURI FISH COMMISSION, ST. JOSEPH, MO., Oct., 25, 1891. On and after the 10th of November we will be ready for the distribution of young fish. We have a large supply of bass, crappie and German carp at our St. Louis Hatchery, and of crappie and German carp at our St. Joseph Hatchery. We do not ship spawners: only the young fry. All persons in the State of Missouri desiring to stock ponds should apply during November and December to Jas. W. Day, Sup't, St. Joseph, Mo., or to Philip Kopplin, Jr., Forest Park, St. Louis, Mo., and the same will have prompt attention. Surface ponds are only fit for German carp. No fish sent out C. O. D. Terms as follows: For cans and cartage to the express offices, $1.25 will be charged; when can is sent, charges prepaid, send only 25 cents by mail for cartage. Send in all orders the name of Post Office, County and nearest Express office. The Missouri Fish Commissioners on their trip through the State will not make private deliveries only to public waters. H. M. GARLICHS, Chairman Missouri Fish Commission. A. C. GARLICHS, Secretary, St. Joseph, Mo.

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"Ah, yes," said Aunt Sary, "Jennie's a great singer; some day she'll be a reg' lar Belladonna."

Samples of Sander & Son's Eucalypi Extract (Eucalyptol) gratis through Dr. Sander, Dillon, Ia. Eucalyptol proper stands foremost as disinfectant and antiseptic Meyer Bros. Drug Co., St. Louis, sole agents. Look for the genuine product.

Kansas City, Mo., May 29, 1891.

Gentlemen—I can from personal experience endorse the Three Chlorides as being all that is claimed for them. Yours, E. R. Lewis, M. D.

Epilepsy—In a case of Epilepsy of several years standing, I have used Peacock's Bromides with perfect satisfaction to myself and patient. It controls the spasms and seems to agree well with the stomach.

W. E. Postle, M. D., West Jefferson, Ohio.

A Berlin physician affirms that about twenty-two different species of bacteria find lodgement in the human mouth. Kissing he pronounces to be a habit of untold danger, and one that should be abandoned. Those who persist in the error of their ways might overcome possibility of contagion by the use of respirators.

Imperial Granum has been on the market for many years, and its sales are constantly increasing. The greatest possible care is used in its manufacture, as we can testify, having visited the factory. Absolute cleanliness prevails, and the greatest care is taken to have the product absolutely uniform. The fact that physicians almost universally recommend it is sufficient proof of its standard quality.

Every one in need of information on the subject of advertising will do well to obtain a copy of "Book for Advertisers," 368 pages, price one dollar. Mailed, postage paid, on receipt of price. Contains a careful compilation from the American Newspaper directory of all the best papers and class journals; gives the circulation rating of every one, and a good deal of information about rates and other matters pertaining to the business of advertising. Address, Rowell's Advertising Bureau, 10 Spruce street, New York.

We have received a number of samples of Upjohn's friable pills. These pills are in reality finely divided powders enclosed in a capsule. which by pressure with the thumb can be crushed and reduced to powder. The coating is stated to be composed of sugar; it is very soluble, for we find that the enclosed powder is set at liberty in a very short time after the pill has been placed in water. We specially note that the contents of the pil. ferri (Blaud) gives every indication of being in the state of protosalt, and in the permanganate of potash pills the permanganate is apparently unaltered. The pills are well finished, and have a very attractive appearance.—*The British Medical Journal*

"The Best." "Far Superior to all Others."—All who contemplate purchasing a Medical Battery should read the following late extracts from the daily business letters received by Jerome, Kidder M'f'g. Co. the old established firm at 820 Broadway, New York City. L. Dowse, M. D. writes from Petoskey Sanitarium, Petoskey, Mich., March 3rd, 1891: "Have used your batteries for four years and think them the best out. Have an almost new——battery I would exchange for anything in shape of a Kidder." W. H. Hoag of Amsterdam, N. Y. writes Feb. 10th, 1801: "I have used your Battery for the last six years; it is the best. Would not do without it for twice what it cost", and J. H. Mosley, M. D., of Tomah, Wis. writes under date of Feb, 12th, 1891: "I have had a varied experience with Electric Batteries, but yours prove far superior to all others in the treatment of chronic and acute diseases."

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Publishers' Bureau.

MEDICAL HERALD COMPANY, - - - - PUBLISHERS.
CHAS. W. FASSETT, - - - - BUSINESS MANAGER.

PUBLISHING HOUSE, CORNER SIXTH AND CHARLES STS. | SAINT JOSEPH, MISSOURI. TELEPHONE No. 196.

ALL matter pertaining to this department, or concerning advertisements, to insure prompt attention should be addressed to the Business Manager . . . . . .

(THE HERALD'S circulation being among a class of physicians who PAY THEIR SUBSCRIPTIONS (and consequently READ each issue), this journal naturally offers the best opportunity to those advertisers who desire to reach the thrifty and progressive practitioners of the West and South.)

THIS DEPARTMENT will be devoted to such notices and comments as the Business Editor may feel inclined to make of deserving and meritorious preparations, and such items of news concerning new goods as will prove interesting to our readers. Practitioners are particularly requested to send us brief facts concerning the success of preparations advertised in THE HERALD, as demonstrated in their practice, and we will always be glad to give space in our Original Department for extended reports of clinical cases. Practices for sale, or notices of removal, not exceeding ten lines, will be inserted FREE three times for subscribers. Always state reasons for selling.

THIS Journal is on file at the following agencies, where advertising may be placed at our regular rates, and we invite Eastern Pharmacists to call and examine THE HERALD carefully:
J. H. Bates, 38 Park Row, New York; H. C. Hall, Cincinnati, Ohio; N. W. Ayer & Son, Philadelphia, Pa.; Geo. P. Rowell & Co., 10 Spruce St., New York; J. Walter Thompson, 39 Park Row, New York; Dodd's Advertising Agency, Boston, Mass.; King's Advertising Agency, New York; C. H. Gufld Boston; Fairchild & Co., New York; Robinson-Baker Adv. Bureau, New York; Sell's Agency, London, England.

IF YOU wish to advertise anything anywhere at any time, write to Geo. P. Rowell & Co., No. 10 Spruce street, New York.

ROSSVILLE, July 15, 1891.

ANTIKAMNIA CHEMICAL CO., St, Louis, Mo. GENTLEMEN—After using continuously in my practice eight ounces of Antikamnia, pure and simple, in all the diseases for which you recommend it, I assure you, unsolicited, that it has fulfilled every promise you made. After nearly twenty-five years of hospital and private practice, I would rather abandon morphine than antikamnia, which I also consider an unequalled febrifuge. Indeed, its antipyretic qualities are wonderful in reducing the temperature. I have never had a patient object to taking the dry powder on the tongue, nor had one complain of feeling the slightest malaise after its administration. I know I am making sweeping assertions, but you should know the truth so as to be encouraged in your work. Yours, CALEB LYON, M. D.

TO DANCE BEFORE THE QUEEN—Four pretty Americans are to entertain Her Majesty with a Minuet. Fashionable circles in this city are much exercised as to the identity of four pretty American girls who have arrived in London to dance a minuet before the Queen. Their chaperon refuses to give their names. but says they are well known in the best New York society. A picture, however is printed in the October number of "The New York and Paris Young Ladies' Fashion Bazar," entitled, "Pretty girls learning to dance the minuet," which gives some clue to their identity. Society here also is interested in the fact that each of the four Americans is to wear a dress similar to the one illustrated and marked No. 8 in the colored plates of the magazine, which has partly revealed their personality and set fashionable circles agog. The young ladies have been practicing the minuet for eight months before venturing to ask the privilege, which has been granted, of dancing before Her Majesty. "The New York and Paris Young Ladies' Fashion Bazar" is for sale by all newsdealers. It will also be sent, postage prepaid, for 25 cents per single number. The subscription price is $3.00 per year. Address, George Munro, Munro's Publishing House, 17 to 27 Vandewater St., N. Y., P. O. box 3751.

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THE MEDICAL HERALD

A PRACTICAL MONTHLY JOURNAL OF THE MEDICAL SCIENCES.

HIRAM CHRISTOPHER, M. D., Editor.

ASSOCIATE EDITORS: JACOB GEIGER, M. D., SURGERY; J. W. HEDDENS, M.D., PATHOLOGY

To contributors of Original Articles, a liberal number of copies of the HERALD will be given (or mailed free of expense if addresses are furnished), and the publishers will furnish reprints at cost, application for same to be made when copy is forwarded.

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Volume X. Number 12. | ST. JOSEPH, MO., DECEMBER, 1891 | Single Copies 20c. $2 a Year, in Advance.

ORIGINAL ARTICLES

[EXCLUSIVELY FOR THE MEDICAL HERALD]

A Report of a Case of Retention of Urine Caused by Multiple Urethral Calculi.

WITH ILLUSTRATION OF SPECIMENS

BY J. V. PREWITT, M. D., WEST POINT, KY.

Read before the Mississippi Valley Medical Association, St. Louis, Mo., October 14, 1891.

I AM somewhat at a loss to know just how to present the subject of "Urethral Calculi," before you in the most practical way, unless it be to report a case which fully illustrates the pathological condition of a case of that character so seldom met with even by the specialist, viz, urethral calculi found in the urethra. Urethral calculi are always formed of some of the constituents of the urine which become precipitated under certain varying conditions, with the exception of the nucleus which may be in addition to a urinary constituent; as a foreign body which has been introduced into some part of the urinary tract from without, or a piece of normal or pathological tissue for a mucus or blood coagulum. Among the foreign substances which have formed the necleus of urinary calculi, are pieces of bougies which have been broken off in the bladder or urethra; bullets, needles, etc., which have found their way into the urinary tract; also beans, corn, peas and pins which have been introduced into the urethra by children. Any change in the system which causes an increased formation of any of the slightly soluble constituents of the urine,

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favors the tendency to the formation of concretions within the urinary passages since they do not find sufficient amount of urine to hold them in solution. The substances which are liable to be found in excess and to become constituents of urinary calculi are uric acid, and acid urates, calcic oxalate, cystin and rarely xanthin. The constituents of urinary calculi most frequently met with are urate, oxalate, phosphatic and cystin calculi. Urinary calculi may be found in any portion of the urinary tract from the renal tubules to the meatus urinarius. The commonest place or places are the pelvis of the kidney and bladder.

Winfield Gray, aged 30, occupation farmer. Fifteen years ago he was kicked on the penis by a horse and passed some blood for a few days. A few months later he noticed that the stream was very much diminished in size, and he had a desire to pass his urine much oftener than usual. Four years after the kick, he began getting up at night three to four times to pass his urine, and the trouble continued to grow gradually worse. For the past ten years he has been troubled more or less with retention of urine, and at times voided it by drops. He suffered no pain. Had never passed any gravel, and there was no history of renal colic, but he had complained for the past eight years of a hard swelling which gradually increased in size in the perineum extending from the anterior aspect of the sphincter ani well forward through the scrotal region. October 9, 1890, he went to bed suffering with retention of urine. October 29 (twenty days latter) I was sent for by the attending physician. He had been treated for twelve years by the physicians in his section of the State for cystitis, nephritis, etc., but they failed to discover the trouble. Each year he raised a large crop of corn and tobacco, but would be laid up, often suffering with retention, but soon return to work. Upon an examination I found a stricture one inch and a fourth back from the meatus urinarius and the urethra recently ruptured at the bulbo-membranous junction, and the large amount of the long retained urine greatly infiltrated the surrounding tissues, the scrotum presenting a cylindrical appearance being near the size of a gallon vessel and the perineum bulging out very much. He had just gotten over his second uremic convulsion as I got there. I repeatedly failed to pass the stricture with sounds and even with a filiform bougie. I then passed a blunt probe to the seat of stricture, using but little force. I found a hard substance just back of the stricture, but no click, owing to the dense cicatricial tissue. I then made a probable diagnosis "calculus." The patient was placed in the lithotomy position Dr. Tydings administering the chloroform, I operated. The staff was introduced with the groove looking towards the surface and brought carefully into contact the stricture and a median incision made down to the guide just anterior to the stricture. I then extended my incisisn in the median line towards the perineum, parting the stricture and exposing the first calculus which was imbedded to some extent in pus; the escape of the urine came with a gush as I parted the stricture. The incision was extended, owing to the fact that I was unable to extract the first two calculi with the forceps. One finger was introduced into the rectum and by the manipulation I succeeded in evacuating the urethra of eighteen facetted calculi occupying almost the entire extent of the canal, weighing four hundred and three

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[Actual size.]

grains. The three first calculi are round and just filled the urethra, perhaps dilatating its walls for the past three or four years. From the specimens you see they all have facets and are joined together very completely. Treatment: There is no question as to what should be done, but how can it be best attained? The operative procedure must depend largely upon the peculiar feature of each individual case. If the stone is small and the urethra of comparatively normal calibre, can it be removed by the use of Gross's long urethral forceps or the ordinary long uterine dressing forceps. In case the stricture is very close it should first be gotten rid of by some of the recognized operations. If the calculus is in the deep urethra it may be deemed advisable to dislodge it forcing it back into the bladder where it can be dealt with according to the fancy of the operator. Various instruments have been devised for the removal of foreign bodies from the urethra; but an occasion to use such instruments comes but a few times in the life of the general practitioner. He rarely has at his command such an appliance, and were they at hand, such instruments are of service only when the stone is small and the urethra normal. Obviously such methods as above suggested were not applicable to the case under consideration because of the size of the stone and the number, the condition of the urethra and the peri-urethral tissues. I would certainly introduce a staff down to the stricture or the stone; make an incision down upon the stone and remove it. So I would recommend external urethrotomy in all such cases as cited above, and believe it to be far the best practice when the scricture is traumatic in origin and the calculi large and of long duration. The patient mentioned above made a good recovery and this year raised a large crop of tobacco and corn.

In a puerperal female an elevation of temperature shows approaching pelvic inflammation.

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Treatment of Trachoma by the Improved Trachoma Forceps.

WITH ILLUSTRATION OF INSTRUMENTS.

By FLAVEL B. TIFFANY, M. D., Kansas City, Mo.

Professor of Ophthalmology, University Medical College; at the Academy of Medicine, October 17, 1891.

[PUBLISHED EXCLUSIVELY BY THE MEDICAL HERALD.]

While in New York a few weeks since my attention was called by Prof. Knapp to the treatment of trachoma by the use of his improved trachoma forceps, (see fig. 2.)

When Dr. Prince, of Jacksonville, presented his forceps for the treatment of granulated lids, I immediately secured his instrument and used it in some few cases, but with unsatisfactory results.

The object of the instrument is to crush the granules and turn them out of the lid. Dr. Prince's forceps, tears and mangles the tissue, and in my hands has not been satisfactory. The advantage of the forceps as improved by Dr. Knapp, is that the foot of the stirrup consists of a corrugated rotating cylinder. This cylinder is much larger than the base of Prince's forceps, and when applied to the lid does not tear the conjunctiva.

With this long corrugated cylinder, the granulations are easily crushed and stripped out with the trachoma juice from the lid.

The lid is everted and one cylinder shoved up into the cul de sac, the other above the inferior margin of the tarsal cartilage; then with a firm pressure the forceps are drawn forward, crushing and rolling the granules out.

I witnessed Dr. Knapp make this operation several times during my stay with him in New York, and watched the result. You all know how obstinate trachoma or granulated lids is to treatment, requiring months and years even by all medical treatment so far used before a cure can be secured: and even then after these many months of persistent treatment with sulphate of copper, nitrate of silver and numerous other medicaments, the disease is liable to recur when treatment is discontinued.

If nitric acid or strong solutions of nitrate of silver be injudiciously used, complications frequently arise which are even more lamentable than the disease itself. As for instance, the retrotarsal folds are frequently destroyed and cicatrices formed which bring about most serious complications; or disfigurements may result from intense blackening of the conjunctiva by applications of strong nitrate of silver. I need not speak of the pathology in this connection. I merely wish to present this manner of treatment by the crushing and rolling out of the granules. This treatment I have used since the thirteenth of September, 1891. I have operated upon twenty-three cases. Three or four of which had been obstinate are now cured, the lids being thin and entirely free from granulations. Some of the

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"CHRISTMAS EVE."

HALF TONE ENGRAVING BY MOSS ENG. CO., NEW YORK, EXPRESSLY FOR THE CHRISTMAS HERALD.

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Y. M. C. A. BUILDING

BALLINGER OFFICE BUILDING

GERMAN-AMERICAN BANK

CHAMBER OF COMMERCE

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advantages of this treatment are that there is no mangling or tearing of the tissues, no subsequent cicatrices, no disfigurement from discoloration, and so far as this limited experience shows the cure is brought about in much less time than could be obtained by any other treatment known to the profession, and with much less pain and discomfort. Dr. Knapp says that from his experience a cure of trachoma can ordinarily be made in six weeks time by use of the forceps; whereas more than six months time would be required by the ordinary treatment.

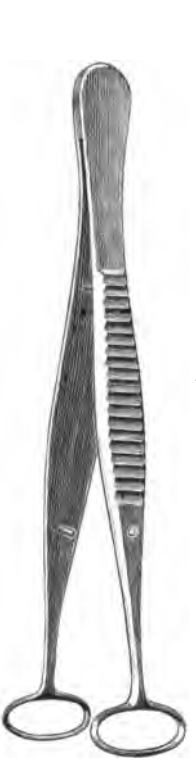

Fig. 1.

Fig. 2.

The accompanying cuts show the two instruments. Figure 1 shows Prince's forceps; figure 2 shows the improved forceps.

From my limited experience I am certainly very favorbly impressed with the results obtained by the use of the latter instrument.

A TEMPERATURE of from 101-105 ° shows a more or less severe fever in accordance with the following points: A temperature above 105 ° indicates impending danger; 108-109 °, a fatal issue may without doubt be expected in a comparatively short time. There are some recorded exceptions to this rule, but of a doubtful nature.

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Electric Cataphoresis in the Treatment of Gout and Rheumatism.

By DR. DE LA TOUCHE.

[Translated from the French expressly for THE MEDICAL HERALD by Dr. M. F. Weymann.]

Gout and rheumatism being, to the knowledge of every one, diseases of comparative frequency and often difficult to relieve, physicians have directed their search to a treatment more efficient than the medication of days gone by. With this object in view I have, for a year, tried in my private practice a new therapy in treating gout and rheumatism by electricity. The results of this trial have just recently been fully confirmed by a publication of Dr. Morton.

At the International Congress at Berlin, Edison proposed to introduce into the organism by means of the galvanic current salts of lithium, in order to dissolve the concretions of sodium urate characteristic of gout. The part subjected to this medication, the hand for example, was plunged into an aqueous solution of lithium salts in communication with the positive pole. The other hand, with which the negative pole was in contact, was bathed in a solution of ordinary table salt. This method presents difficulties in its execution on account of the long duration of the bath, which Edison fixed at four hours a day.

I took the notion of modifying the discovery of the learned electrician according to the method indicated by Frederic Peterson. This makes use of the property of the current of passing directly through the tissues medicaments applied *in loco dolenti*. To this property the name of electric cataphoresis has been given. The difference between the two methods is the following: In Edison's, both hands being the respective poles, the current passes through the whole body; in mine the poles rest on two sides of the member and the current passes directly through the seat of the trouble.

Before entering on the subject proper it might be well to point out the experiences that have led to Edison's discovery.

In two spaces separated by a membrane, each containing an electrode, a current going from the positive to the negative pole is established so that, after a certain time, an increase of liquid is observed in the negative division. We know that osmosis takes place without the aid of electricity between dissimilar solutions, the current passing to the denser liquid, but when the anode (positive pole) is placed in the denser fluid and the cathode (negative pole) in the rarer, the natural osmotic current is reversed. This has been called by Bois-Reymond the cataphoric action of the galvanic circuit, or electric cataphoresis.

Experiments of a practical nature on the skin of animals have proven that the skin is permeable to medicaments. The anode saturated with a solution of strychnine and applied to the integument of a rabbit (the cathode on some indifferent spot) has caused the death of the animal.

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In this manner quinine and iodide of potassium have been introduced into the system (in man) and have been recovered in the urine.

Dr. Richardson with tincture of aconite produced almost complete anæsthesia of the auricle of a rabbit. With extract of aconite and chloroform he obtained, in a dog, anæsthesia of a sufficient degree to allow amputation without pain. In man he operated under the same conditions so as to extirpate cutaneous tumors, staphyloma corneae, extraction of teeth, liberation of strangulated hernia, etc.

Drs. Wagner and Corning tried anæsthesia with cocaine through the current. Adamkiewicz declared that, with an instrument of his own invention containing chloroform, he obtained anæsthesia with gradual disappearance of the pain in the most rebellious forms of neuralgias.

Dr. Aubert showed that atropine and pilocarpine, etc., could be made to be absorbed by the skin in a similar manner.

Recently Morton has succeeded in making particles of graphite, lamp-black and China-ink penetrate into the hair-follicle by means of a current of from ten to fifteen milliamperes.

I. In the month of August, 1890, one of my first patients was a coachman of the Lyons company. His name was Moulin, his age 30 years; his trouble a rheumatic pain in the leg, with swelling of the ankle. He had stopped work fourteen months ago and kept in bed for six months. He was attended by Drs. Mussy, Burke and Molliere in one of the hospitals and received the ordinary treatment. For a long time sleep had entirely deserted him; the pain was such that he could not put his foot on the ground. He was brought to me in a cab.

The first seance brought quite a decided relief. The patient left my office on foot, and after ten applications given within three months he re-entered his service, in which he has continued without any interruptions. The anode in this case, was dipped in a solution of bryone, which is said to enter into the composition of Pistoia, an Italian specific for gout, which patients usually have already made use of.

II. Mr. M. J., aged 53, accountant by occupation; affected with gout since he was twelve years old; subject in spring and fall to gouty attacks, running through all the joints and binding him to his bed; since two weeks suffering severely. These crises were followed by great prostration. The medicine used was the iodide of lithium, more soluble than the carbonate. After a few applications the periarticular swelling disappeared very sensibly and his vigor returned to such an extent that he walked along with the support of one stick, while before he had used two, and suffered great pain on movement. Sleep, formerly disturbed, soon became quiet and strengthening. A peculiar fact is, that during the treatment his spring exacerbation attacked him, taking successively the ankle, knee, wrist and fingers, but he was not obliged to seek his bed. On the contrary, he continued his work as usual. He is not yet cured, for a diathetic condition cannot be altered so soon, but his condition shows a wonderful amelioration, regaining of strength and freedom from pain.

III. Mr. Besson; gouty since fifteen years with periodical exacerbations twice a year. With treatment he continued his usual work even during the attacks,

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although there was some swelling about the joints. Formerly he had to stay in bed from six weeks to two months. He has so far continued to feel the benefits of the treatment without either suffering pain or losing strength.

The treatment which I propose for rheumatic and gouty manifestations in the joints depends on two essential points:

1. The introduction of medicinal substances into the tissues through the cataphoric action of the galvanic current, in order to resolve the congestion and concretions.

2. The use of high intensities according to a particular method with a view of obtaining a tonic effect on the whole animal economy.

The medicinal substances are applied diluted on sponges, preferably on linen or absorbent cotton. To the sponge is fastened a large ordinary electrode covered with chamois. The remedy must be placed on the positive pole, considering that the current passes from the positive to the negative pole. Morton advises to change both poles with the medicament. The physician can use iodide of lithium, tincture of bryone, iodide of potassium, or other substances in small doses, according to the indications, for it is necessary, especially with high intensities, to avoid burns or erosions on the skin. These accidents cause the patient suffering and necessitate an interruption of the "sessions."

The firm of Waite & Bartlett, of New York, manufacture an instrument of caoutchouc in the form of a bell into which the sponge, saturated with the solution, is introduced. It is then applied directly to to the sick part; a strap keeps the instrument in the desired place.

Peterson has an electrode of exact dosage, made by the same firm. The description is found in the New York *Medical Journal*, November 15, 1890.

The second part is the use of high intensities with electrodes of large surface. The results obtained by Dr. DuBois, of Berne, in the treatment of sciatica have been confirmed through my own observation on a rebellious case which had resisted all other measures. This led me to apply high intensities in gout and rheumatism.

I apply large sponges of medium fineness, soaked in a medicated solution, on both sides of the knee (or of the ankle) for ten minutes, gradually going from a few milliamperes to 60, 80 and 100. The tolerance of the patient is the only means of judging. When I practice electrization on the lower limbs, I close the seance by uniting the two points of application of the right limb by a single wire and connect with the positive pole; the same is done on the left, and the wire joined to the negative pole. I then pass up the scale as far as the patient can endure and then gradually come down again. Almost at the same moment the patient feels hot waves passing through him (a kind of flow) which gradually rise from the ankle to the knee and to the pelvis and, if produced with prudence, they give an indescribable sensation of "well being" (bien-etre) which the patient himself calls attention to. The sensation is the only judge in the use of high intensities and it is remarkable what an amount a person can endure, when the increase is slow and gradual and when the diseased surfaces are sufficiently protected by large electrodes. The same intensities would be impossible with electrodes of small

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dimensions; the operation would be painful, endurable only with difficulty and would cause rubefaction of the skin. Moreover, low intensities would be without the proper effect.

It is difficult to specify the number of sessions for the cure of a given case. As Trousseau says, a chronic disease requires a chronic treatment. Everything depends on the condition of the patient, the age of the disease and the general debility. In my mind, we ought to count on at least some twenty application, sometimes even more. Moreover, in suitable cases the patient feels most usually, from the very first day, so decided a change that he will be ready to continue.

At first the sessions should be repeated daily. Later they should occur in longer intervals, in order to leave the patient for a longer time under their influence. With persons in whom electricity provokes excitement and insomnia (a rare occurrence) the sessions should be given in still longer intervals. Such sessions should last from fifteen to twenty-five minutes, according to the impressionability of the subject.

According to the advice of Beard and Rockwell, for ordinary electrisation, strong persons can continue work immediately after the applications. Patients with a great deal of general debility, especially women, should avoid exercise after cataphoresis as described above.

Electric treatment should not be practiced in the acute stage; it is intended for chronic cases, although the beginning might be made in the subacute stage.

Gouty people are often afraid of the driving inward of the pain, of metastatic displacement. Therefore, the treatment should not be rash and precipitate, for any accident would be attributed to the electricity. The best period, in my opinion, is the time when the patient is ready to leave his bed from an acute exacerbation with joints still painful and difficult in walking.

The immediate results are greater mobility of the joints. If we have to deal with the lower extremeties greater ease of locomotion is observable. The patient feels lighter and more vigorous. The articulations become less painful. Often a patient, who has come to the office with a crutch, leaves it without such help. The effect becomes most pronounced ten or fifteen minutes after the application. The improvement lasts from one-half to three hours and cannot be produced by any other means (massage, steam baths, douches, hot baths, mud baths.) It increases in proportion to the number of applications.

The consecutive effects are local and general. The concretions of urates in the tissues diminish; the pain disappears from the joint and the articulations acquire freedom of movement. The congestion and peri-articular swelling both tend to disappear.

Among the general effects the gradual regaining of strength becomes noticeable. The gait becomes less hesitating every day and can be continued for longer periods without fatigue. Vigor pervades the whole system. A workman told me that he could hold his hammer more firmly after the use of the current and that he could strike more forcibly on the anvil. The appetite increases and digestion is facilitated. The stools are more regular, in short, a general effect upon the nutri

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tion of the whole body manifests itself. With that also sleep becomes quiet and refreshing.

According to the observations on two of my patients, I would be justified in attributing to the current a preventive action of future exacerbations, or at least a mitigation of the latter. This treatment is indicated particularly in patients showing gouty concretions and nodules and impaired mobility of the lower extremities, although the joints may appear all right to the eye.

In the discussion that followed, all seemed willing to accept as true the curative action of the treatment, but whether the effect was due to the cataphoric action of the current many seemed to doubt. The general inclination was to credit the current pure and simple with the cure. Drs. Dignat, Bonnefin and Gautier all spoke to that effect, the latter two declaring that they had obtained similar results from simple galvanization in such affections.

The Operative Treatment of Advanced Forms of Prostatic Obstruction.

WITH ILLUSTRATION.

By REGINALD HARRISON, F. R. C. S., London, Eng.

I have selected this subject for our consideration in this chapter, and I would again remind you that I confine myself to dealing with the single symptom of obstruction to micturition, quite independent of any size that the prostate may assume, knowing well that hypertrophy may occur without causing the individual such an amount of inconvenience as to demand surgical treatment.

As I have said before, obstruction to micturition may be a process of gradually increasing difficulty, or one suddenly brought about by some casual circumstance which may or may not have been avoided. Whatever may be the mode of its incidence, we frequently meet with persons whose function of micturition is entirely and permanently spoilt by the difficulties and complications attendant upon a large prostate. So long as a person so circumstanced can keep himself comfortable by the use of a catheter, so long as the calls for this instrument are not of such frequent occurrence, both by day and night, as to seriously interfere with his health, or to prevent him from earning his subsistence, I do not think that further measures are likely to be called for, unless under very exceptional circumstances. Surgery has, however, to provide not only for the ordinary course that a disease is likely to take, but for all the contingencies to which it is liable. Hence I propose to consider in the first place the conditions to which catheterism alone is inapplicable as failing to give sufficient relief, and secondly, the varieties of relief for such states as surgery offers.

I do think there is not any phase connected with advanced forms of prostatic disease which is more intolerable and wearing to the individual, than that ceaseless desire to evacuate the bladder which is occasionally met with. Yet in practice,

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instances will come under your notice where the whole life of the individual both by day and night, is, as it were, given up to the single act of introducing the catheter. Here the instrument, as a patient once said to me, becomes a Tantalus of the worst form, as not the slightest relief follows its application. Then there are cases where the mechanical act of introducing the catheter is an increasingly difficult one by reason of the obstacle that the growing prostate presents. A patient who has been using a catheter for some time with great advantage finds that he has to select a smaller size, then he tries a different shape, and so he goes on until at last he and his medical attendant discover that there is always difficulty, whatever kind or size of catheter is used. Then hemorrhage attends these trials, at first occasionally, and afterwards constantly, and this is frequently followed by cystitis and other complications, among which orchitis may be mentioned. This condition of affairs does not often last long, unless some easier mode of evacuating the urine is provided.

In a third class of cases you will find that in the course of its growth a portion of the prostate, in the form of one or more pendulous growths, encroaches on the interior of the bladder and keeps up a constant state of cystitis, often far in excess of what is seen asssociated with the most irregular stones. Here the urine is generally loaded with a muco-purulent deposit, in which particles of blood will frequenly be noticed. Further, if you look at specimens of this kind, which will be found in any pathological museum, the ureters will be seen to be patent and largely dilated, evidently showing not only how great the obstruction has been, but how easily the damage may enter the interior of the kidney. What can catheterism and washings-out do for cases coming under this category? Then there are instances of a very exceptional nature, where the ordinary modes of treatment are inapplicable. In one case that occurs to me, the prostatic urethra became so inordinately sensitive, and the spasm that catheterism excited in the prostatic urethra so great, that the patient actually wore an instrument in his bladder, more or less constantly for over two years. I believe that case was in the first instance one of those rare ones of prostatic fissure, analogous in many respects with what is seen within the anus and female urethra. I operated upon him three years ago, dividing his prostate, and at the same time removing some secondary phosphatic calculi. He is now alive and well, although he passes his urine more frequently than natural, he has never since had occasion to use a catheter. Though in the majority of instances, the advance forms of prostatic obstruction are arrived at by the process of increasing difficulty in urination, the disease sometimes assumes this position without giving anything which could be spoken of as an adequate warning. Retention of urine, following some apparently trivial cause, suddenly occurs, and the practitioner finds himself face to face with one or more of the complications to which I have just referred. There is great difficulty in introducing or re-introducing the catheter by reason of the form the prostate assumes; the retention of an instrument in the bladder is intolerable to the patient, if it is tied in it: [and if it] is withdrawn all the trouble and pain connected with its re-introduction has to be repeated: or the engorged condition of the parts is attended with hemorrhage which recurs every time instru-

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mentation has to be practiced. These are phases of the acute form of obstruction which most practitioners are not only familiar with, but who know from experience how futile catheterism alone has proved under such circumstances.

For to the relief of these difficulties, whether occurring gradually or suddenly, various methods of treatment have been practiced, to which I shall now refer. In dealing with this part of my subject to-day, I hope I may be pardoned if I do so from a somewhat personal standpoint, as I think it will be seen that I have taken considerable interest, not entirely in a passive form, in this aspect of the question.

In 1881, I published the particulars of a case where to meet the pressing difficulties connected with an obtruding prostate such as I have referred to, I adopted an expedient which I believe was entirely novel at the time. I had long felt that the operation of puncturing the bladder from the rectum for the retention of urine in cases of enlarged prostate was one that could be recommended only for a very temporary purpose, inasmuch as it was impossible to retain the tube sufficiently long in such a position as to permit an adequate degree of bladder drainage being practiced with any regard to the comfort of the patient. Nor did the supra-pubic method of puncturing the bladder and retaining a tube in this position recommend itself to me, chiefly on the grounds that it seemed to me to be neither a convenient spot for the patient, nor was it sufficiently dependent to secure perfect drainage.

With these views in my mind, I determined to puncture the bladder, when the necessity arose, from the perineum through the enlarged prostate, and to retain a drainage-tube in this position as long as might be necessary. In the instance I am now referring to, the patient was a man of 84 years of age, who was much reduced by an advanced form of prostatic obstruction. Though a catheter could be introduced, I clearly saw that unless some more efficient and direct method of urine drainage was provided, he would speedily sink. Under these circumstances, I tapped the bladder from the perineum through the large prostate with the instrument I had prepared for this special purpose, * * *. The operation of tapping the bladder, when distended, from this position is one that is not attended with any difficulty. The point of puncture is one inch in front of the anus, and the direction in a line toward the umbilicus. The trochar is so devised that urine escapes from the handle of the instrument immediately the interior of the bladder is reached. In the instance now under notice, the patient was at once relieved, and in twenty-four hours he was up, sitting in an easy chair—an important matter with old people. * * * *. For about six weeks after the bladder was tapped, the patient passed urine through the prostatic canula, and he was able to go about as if nothing ailed him, by means of a tube apparatus specially adapted for this purpose. Then it was noted that the urine, in gradually increasing quantities, began to flow through the natural passages, indicating that the prostate was ceasing to obstruct. The canula was removed about six weeks after the operation, the wound completely closed in the course of a few days, and the patient entirely recovered. He died at the age of 90 without any recurrence of his prostatic troubles. What was most interesting to observe in this case was the prostatic atrophy that seemed to follow the operation.

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"THE MOTHER'S JEWELS."

HALF TONE ENGRAVING, EXPRESSLY FOR CHRISTMAS HERALD, BY THE PHOTO-TINT ENG. CO., CHICAGO.

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STATE NATIONAL BANK,

SAINT JOSEPH.

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I examined the patient two years after the operation, and could find no evidence that the prostate was enlarged. I have had on two occasions to repeat the operation, with results entirely corresponding with the case I have related more at length. I have not yet been able to collect the evidence in reference to the shrinking of the prostate which has followed this procedure, but my own observations in reference to this particular point have been corroborated by others. Mr. Weston, of Stafford, has kindly given me the particulars of a case of a very similar nature, where, after the operation, a very considerable diminution in the size of the prostate was observed.

But though this method of proceeding was especially applicable to those extremely rare cases of retention of urine due to a large prostate, where it was thought no catheter could be introduced, it seemed to me that there were others which would be more advantageously dealt with by an opening from the perineum, which would allow of digital exploration of the enlargement followed by drainage. * * * This procedure consists in puncturing the membranous urethra on a grooved staff in the median line of the perineum sufficient to permit the introduction of the index finger within the prostatic urethra, to this extent resembling Cook's operation. Having thus obtained access to the bladder by a very limited incision, I have dealt with the prostate in three different ways. (1) By a division of the floor of the prostate as a preliminary to the insertion of a drainage-tube. (2) By the enucleation or removal of some portion of the prostatic mass before putting in the tube. (3) By the insertion of the drainage-tube alone. I have now operated in these ways on something like thirty-five cases of advanced prostatic obstruction, excluding malignant growths, in males over 60 years of age, for reasons such as I have stated, where catheterism proved insufficient to give adequate relief. In eighteen of these cases, either the floor of the prostate was divided, or a portion of the enlarged prostate removed before the drainage-tube was introduced, while in the remainder the perineum was opened merely for the introduction of the tube. I should like to say a few words about these operations, which have now ranged over somewhere about seven years, and the points I would speak of are these: (1) The risk of operations of this kind. (2) The present or subsequent condition of the persons, as far as I know, who have been thus treated. (3) The effects that may have been observed on the enlarged prostate. Of the deaths, I know of only three, one a week after the operation, and another four weeks, and the third two months afterward. In these instances, the patients, judging from the condition of the kidneys and ureters from previous back-pressure, lived longer and more comfortable than they would otherwise have done. One man, aged 68, died over six months afterward from a paralytic seizure. During this illness, it was found necessary to use a catheter for him. Two persons died over twelve months after the operation, from causes that I have not been able to ascertain, but as in this interval they had been well and active, they can hardly be included in the list of mortality. What, I would ask, would the mortality have been, had all these cases been left to endure the troubles that attend constant catheterism under difficulties? Of the remaining twenty-nine persons, something has been known of nineteen of them at intervals of

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time over twelve months after the operation. Three of these have a permanent opening in the position of the wound. Two of these catheterize themselves in this way, and report themselves as perfectly well. The third had, in addition to an obstructing prostate, a tight urethral stricture, and now micturates at natural intervals through the perineum without the aid of the catheter. Of the sixteen whose artificial openings have soundly closed, ten are quite independent of the use of the catheter, three of them being extremely feeble by reason of advanced years. Of the remaining six, four have to use the catheter as before the operation, but do so without difficulty, or without causing hemorrhage. The two remaining cases have in addition had temporary difficulty in catheterism. In one of these the obstacle seems to have been due to the impaction of a calculus from which he has occasionally suffered for some years. Of the remaining ten, of whose condition nothing is known or can be ascertained, four are believed to have left England altogether.

And now I come to the third question which a retrospect of these cases suggest, namely: Have any effects on the large prostate been observed? I have already stated that shrinking of the enlarged prostate has been known to follow when the bladder has been tapped through it, and the canula retained for some time. I am equally certain, and have pointed it out to others, that I have seen the same shrinkage occur where the urethra has been opened, and a tube introduced for the purpose of drainage without any damage being inflicted by secture, puncture, or otherwise, on the prostate. This has been more or less evident in the majority of the 19 cases previously referred to, in some to a very marked degree. Hence one is less surprised at finding the marked and permanent benefit in micturition which some of the causes referred to undoubtedly presented. This observation has led me to inquire as to the precise circumstances connected with this class of operations on the enlarged prostate which seemed to have been coincident with this extremely important change. The facts appear to point to the inference that where the bladder is drained incontinently for some weeks, I speak of from three to six weeks, an enlarged prostate will undergo a palpable degree of shrinkage, and I make this statement on the ground that where the drainage has been prolonged the urine will be found to force the way in spite of the tube along the natural passage. I have noticed this on so many occasions that when it happens I take it as a sign that the tube may be removed. That it has proved a correct signal I have not the least doubt, as healing of the wound has rapidly followed. Further than this, evidence was also afforded me in several instances that the diminution in size was apparent to the finger from the rectum. If, as I have ventured to suggest, hypertrophy of the prostate is is directly associated with this large amount of muscular element that enters into its composition, it is not surprising that the indication of a state of complete physiological rest should be followed by the result I have noted. However this may be, the fact remains unaltered.

Before referring to the details connected with my method of operating and illustrating it, I should like to briefly refer to the practice of supra-pubic prostatectomy, which has been recently introduced by Mr. McGill, of Leeds. Taking advantage of the improvements which have been so warmly advocated by Sir

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Henry Thompson and others in regard to this way of opening the bladder for stone and other tumors, Mr. McGill has utilized it for the purpose of removing more or less of the hypertrophied prostate. At the Leeds meeting of the British Medical Association last year, several patients were exhibited, who certainly derived great and I believe permanent good from the operation. When, however, the subject, and the circumstances of supra-pubic prostatectomy are taken into consideration, I do not think that it is an operation which is likely to be extensvely employed. In hale, elderly persons where the evidence is very conclusive that a prostatic mass is projecting into the bladder and irritating it, we may occasionally avail ourselves of it with advantage, With the old, feeble and broken-down, who oftener than otherwise furnish the victims of advanced forms of prostatic obstruction, we must be content with measures which, while affording immediate and complete relief, entail far less strain on the reduced powers of repair of the individual than is implied by a supra-pubic removal of more or less of the prostate. For this reason especially, in addition to others, I am inclined to limit the operative procedure to the opening and draining of the bladder from the perineum as affording a mode of relief which, so far as I have observed, is unattended with risk and is capable of giving not only immediate but permanent relief.

And now I will refer to the details connected with my operation. The patient being placed in the lithotomy position, a staff with a median groove is passed into the bladder. There may be extreme difficulty, from spasm chiefly, in introducing this or any other instrument up to the time the anæsthetic is administered, but when this is done I have found the obstacle at once disappears. The staff being held in position, the perineum is punctured with a knife one inch in front of the anus, sufficient to enable the index finger of the left hand to be placed on the groove in the staff. No dissection is at all necessary or desirable, if the perineum is very deep I sometimes clear the staff at the bottom of the puncture with a blunt knife I had made for this purpose. The groove having been bared, the small gorget is made to slide along it into the bladder, the handle of the staff being drawn toward the operator to facilitate this movement. Then the finger can be passed within the prostatic urethra. If the latter is felt to be tolerably clear, the tube may be at once introduced into the bladder. If the condition of the prostate is such as to offer any obstacle to the passage of the finger or the tube, I then introduce a curved probe-pointed knife fairly within the bladder and divide the floor of the prostate directly downward. This is best done from within outward. In three instances I have also removed more or less pendulous portions of the growth. The stiff tube is then introduced and retained usually from seven to ten days, then a soft tube is substituted. For the latter purpose, I have employed a contrivance suggested by Mr. Annandale, which enables the patient to get up and go about, as shown in the figure. The soft tube which is tucked into the waist belt is connected with the perineal tube, so that when the patient desires to pass water, all he has to do is to let down the former, and turn a tap which is attached to it. Drainage has thus been carried out in the instances I have already referred to from ten days to six weeks. When it is found that in spite of the tube the urine forces itself, as it will do, along

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the whole length of the urethra, this is a signal that the drainage may be discontinued and the opening allowed to close. The time the tube should otherwise be retained depends of course on the conditions that each presents. So long as the urine remains alkaline and offensive, so long must it be utilized, not only for drainage, but as the most convenient way for washing out the bladder. For the latter purpose, I find in the first instance a solution of boric acid, a drachm to the pint of tepid water, most serviceable. If under the use of this, the urine does not become normal, I usually substitute the neutral sulphate of quinine in the proportion of two grains to the ounce of water. Creolin has recently been used for a similar purpose, but I have not yet tried it sufficiently often as to be able to speak of its virtues. I will conclude with the narration of one of my earliest and also one of my most recent cases. The first was a man, æt 73, in February, 1884, when he first came under my notice. For some months he had to practice catheterism for an enlarged prostate with a considerable amount of residual urine. After a time there was an increased difficulty connected with the introduction of the catheter, and serious hemorrhage frequently took place. His desire to urinate and his strainings were incessant, and nothing, after three weeks' trial with various kinds of instruments, appeared to give him any relief. In February, 1884, he underwent perineal prostatotomy, and wore one of my tubes continuously for seven weeks. The wound closed within a few days after drainage was discontinued. I saw him at intervals for two years after the operation. He remained quite well, and never had occasion to resort to the catheter again. On several occasions I passed an instrument for him and could find no obstruction in the prostatic urethra, nor did his residual urine exceed a few drachms. This man was rapidly sinking under the irritation caused by constant use of the catheter, and there was no doubt in my mind that his improvement was due to the drainage that was practiced.

The most recent case was that of a man, æt 75, whom I saw in consultation with Mr. Woodforde, and who subsequently was admitted into St. Peters for treatment. The history and particulars of his case were as follows: He had had retention of urine and frequency in micturition for eighteen months. For the past six months the desire to urinate had been constant, and was practically unrelievable by the catheter. When I first saw him, he was using the instrument every hour,

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both day and night, the urine being most offensive, and loaded with pus and mucus. As various means for washing out the bladder had been tried, I suggested his being admitted into the hospital. Shortly after his admission into St. Peters, I introduced a grooved staff and opened the perineum for the purpose of putting a drainage-tube into the bladder, as I have already described. The tube was worn for a week in spite of a good deal of prostatic spasm, when he was able to return to his home. The stiff tube was then replaced by the softer apparatus. Unusual difficulty was experienced in wearing the latter in consequence of the severe spasms that occurred. In time, however, this subsided, the condition of the urine improved, and the wound speedily healed on the removal of the tube. In spite of the difficulty connected with the retention of the drainage-tube, the only instance where this has occurred in my practice, the man's condition is now (six months after the operation) as follows: In the day time he can get about and follow his employment without having to use a catheter. During the night he passes his catheter twice, and sometimes thrice, as he considers it is an advantage to him, though I have no doubt he could dispense with it. On each occasasion I have examined it, his urine has been normal. There can be no doubt that though the circumstances connected with the operation were not as favorable for success as I could have wished, this patient's condition since the operation is a greatly, and, I believe, a permanently improved one.—*Wood's Medical and Surgical Monographs.*

Europhen.—This new antiseptic medicament designed to replace iodoform is obtained by the action of iodine upon isobutylorthocresol. Its pharmacology and bacteriology have been studied by Siebel, and its therapeutic action by Eichhoff. Europhen is an amphorous yellow powder, exhaling a slight odor resembling that of saffron. It is insoluble in water, and in glycerine, and more soluble than iodoform in alcohol, ether, chloroform and the oils. Europhen adheres better than iodoform to the skin and to open wounds, and an equal quantity of it by weight, will cover a surface five times greater. This iodide of isobutylorthocresol is not toxic. Dogs were found to take two to three grammes of it with impunity, and the human organism will bear one gramme of it without unpleasant phenomena, save a slight feeling of weight in the stomach. The urine of patients who had absorbed europhen did not contain iodine. Eichhoff employed it successfully in dressing both hard and soft chancres. He used it as a powder, and also in the form of a one per cent or two per cent ointment. He furthermore employd it successfully in hypodermic injections for syphilitic patients suffering from the secondary and tertiary symptoms of syphilis. These injections consisted of one gramme of europhen to 100 grames of olive oil, and of this, one.half to one cubic centimeter was injected daily in one dose. Eichhoff also employed europhen in varicose ulcer, in ulcerative lupus, as well as in eczema, psoriasis and favus, in all of which it proved to be efficacious. Ointments containing one per cent or two per cent of europhen are as strong as need be used. Five per cent ointments caused a certain amount of irritation.—*Repertoire de Pharmacie.*

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SPECIAL CORRESPONDENCE

NEW YORK LETTER.

—VI—

THE PROFESSION OF NEW YORK CITY—HARD AT WORK—DERMATOL, THE NEW ANTISEPTIC POWDER—ENLARGED PROSTATE AND ITS OPERATVE RELIEF—SALOL AND DIURETIN IN KIDNEY DISEASES—THE OPERATIVE TREATMENT OF EPILEPSY, ETC., ETC.

EDITOR MEDICAL HERALD:—Your apology for the unavoidable omission of my letter for October was entirely unnecessary, and I think you did well to substitute for it the excellent report of the Mississippi Valley Medical Association. As my October letter dealt largely with the proceedings of the American Congress of Physicians, which would by this time be slightly out of date, I think it just as well to omit it altogether.

The medical and allied societies, as well as the colleges, have commenced the winter's work with a vigor which presages a year of unprecedented activity. The colleges all report large classes, equal, if not larger than those of last year, and all are hard at work. The general opinion of those who are directly interested in medical education, is that the present decade will witness some astonishing innovations in medical teaching. In just what direction the changes will be made it is difficult to guess, but this much is certain, medical education will be greatly improved, and the profession elevated in public opinion.

At a stated meeting of the Academy of Medicine, held last month, Dr. C. A. Powers presented a box of the new antiseptic dressing, dermatol. He had become acquainted with the drug while in Europe, and since his return had used it extensively. It was in every way a substitute for iodoform and had the advantages of being non-irritating and non-poisonous. It caused wounds and ulcers to heal rapidly, and when applied to weeping ulcers dried them up quickly. The speaker also presented a report submitted by the pathologist of the New York Hospital, to whom a sample of dermatol was sent for trial. The latter found that bacteria did not grow in tubes of agar or gelatine, which had been inoculated with dermatol. He found, however, that bacteria of different kinds, pathogenic and non-pathogenic, could be left in contact with the powder as long as twenty-four hours, and would again grow when transferred to agar.

In appearance dermatol is a yellow, fine powder, unaffected by exposure to light and air, and is non-hygroscopic. As it is not particularly expensive, it should be given a fair trial in all cases in which iodoform is ordinarily used. One of the most

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interesting, and I think really the most valuable paper read before the Academy of Medicine this fall, was that of Dr. E. L. Keyes on "The Enlarged Prostate and Its Operative Relief." The author, after reviewing the literature of the subject, reported eight cases of suprapubic prostatectomy, two of which died.

In six of the cases he gave diuretin freely, also salol, and in none of these cases was there urinary fever or suppression. His cases were not selected, the average age being sixty-four, and several of them so nearly dead that it seemed almost useless to operate. Suprapubic prostatectomy in cases of this sort, is a very grave operation, far outranking nephrectomy in gravity. To suggest the operation early in the career of a case is not wise, as the danger to life is too great. As to the restoration of contractibility to the atonied bladder, the author could not speak, as his cases were all too recent as yet.

The paper was concluded by the following deductions:

1. Prostatectomy is justifiable, and does what nothing else can.

2. The operation is not justifiable if the patient can be comfortable in catheter life.

3. The perineal operation is moderately less severe, but decidedly less reliable than the supra-pubic; it should rarely be preferred, unless there be urethral complications. In very feeble old men it may still be selected.

4. No physical condition of the parts or of the patient, short of a practically moribund state, contra-indicates operation. By it, in desperate cases, life is often actually saved, although the operation is a grave one and mortality high.

5. Diuretin, perhaps, is of value when the kidneys are damaged. It certainly does no harm.

7. Chloroform alone, should be used for the kidneys' sake.

A paper read lately before the Academy of Medicine, by Dr. B. Sachs, on the "Treatment of Epilepsy," has attracted no little attention. The writer spoke of both the medical and surgical treatment, and endeavored to answer the question, "What can we Expect From the Surgical Treatment of Epilepsy?" He had performed nine cerebral operations for epilepsy, and cited his cases as bearing upon the subject. He very properly reminded his audience that epilepsy was a symptom rather than a disease, and that it often resulted from or pointed toward an organic lesion of the brain, such as a tumor, hemorrhage, abscess, sclerosis, or meningitis. In other cases the convulsions were due to traumatism to cranium or the brain. There were, of course, cases of genuine epilepsy, but these cases were not so common as formerly. He believed that the failure to find the lesion in cases of so-called idiopathic epilepsy is due to our ignorance, and that at some future day we would recognize the pathological change which caused the disease.

These cases, of course, are not proper cases for operation. His conclusions were:

1st. In a given case of traumatic or organic lesion, an operation should be done as early as possible to prevent the development of secondary sclerosis.

2d. If an operation had not been done at the onset, the epileptic seizure was a warning that secondary scleroses had been established; by operating at this time further trouble might be avoided.

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3d. Excision of the diseased area was the only rational operation; if all other centres were not in an irritable condition, the operation might be thoroughly successful. If epilepsy could not be cured by this means, the patient's condition might be very materially improved by diminishing the number of attacks. GOTHAM.

How About the "Monotony"?

THE MEDICAL HERALD.—The November number of this handsome professional monthly is on our table, replete as ever with information for the doctor and student. The issue before us contains an able article on "The Toxic Effect of Tobacco Vapor," by Dr. W. Carroll Chapman, of Louisville, which is as interesting as it is valuable. Then follows an exhaustive shorthand report of the proceedings of the Mississippi Valley Medical Association, recently held at St. Louis, and is the first full report that has appeared of this important meeting. Able editorials touching current matters, spicy items and personals, together with much scientific resume of progress, make this number of the MEDICAL HERALD invaluable. The publishers announce for next month an innovation in medical literature in the shape of an illustrated "Christmas Number," embellished with half-tone engravings, taken from celebrated paintings, as well as a number of our city's finest buildings and business houses. That this number will make a decided hit there is no doubt, as it must be confessed that the usual run of medical journals are entirely too scientific and dry, and need an occasional departure to relieve the monotony. St. Joseph is proud of her professional men and her medical journal.—*Daily Herald*, Nov. 5.

"The Proof of the Pudding, Etc."

THE MEDICAL HERALD for November contains an exhaustive report of the proceedings of the Mississippi Valley Medical Association held in St. Louis, which does great credit to both stenographers and publishers. On the first page is shown a fac simile of the society button and badge. The remainder of this issue is filled with valuable matter as usual, and sustains the high character this journal has already attained. For next month is announced something of a radical departure from the beaten path of medical journalism, and it is no less than an "illustrated Christmas number," containing numerous photo engravings, besides a number of our best business buildings. It is generally conceded that medical journals are as a rule too staidly scientific, and the publishers are determined to try the experiment of giving the readers of the Medical Herald a little pudding, with sauce, for Christmas.—*Daily News*, *Nov.* 12.

IN PNEUMONIA a temperature of 104 ° and upward indicates a severe attack.

FREE DISPENSARY.—The indigent poor will receive medical or surgical treatment without charge at the Ensworth Hospital during the hours from 1 to 2 o'clock P. M. General clinics—Mondays, Wednesdays, Thursdays and Saturdays. Eye and ear clinics—Tuesdays and Fridays. Clinical staff: Dr. Chas. Geiger, Dr. S. Kessler, Dr. T. K. Sawyer. Dr. Weymann, diseases of eye and ear. Medicine will also be furnished.

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"HERO AND LEANDER."

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THE MEDICAL HERALD

A PRACTICAL MONTHLY JOURNAL OF THE MEDICAL SCIENCES.

HIRAM CHRISTOPHER, M. D., Editor.

ASSOCIATE EDITORS: JACOB GEIGER, M. D., SURGERY; J. W. HEDDENS, M.D., PATHOLOGY

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EDITORIAL

State Examining Boards.

WHEN a State grants a charter for a Medical School, the granting power should have sufficient knowledge of the reputation and qualificatiens of the physicians who are to become teachers in the school to justify the grant. The evil which a State Examining Board aims to correct ought to be prevented, and not made a subject of legal therapeutics. Such a means for curing an existing evil may create greater evils. There is no more reason to expect better work from a Medical Board in curing the evil in Medical practice than from those who do the Medical teaching. If the latter shall be influenced by selfish motives to invest an incompetent with a diploma, the examiner might be influenced by selfish motives to set his seal of condemnation on one who proves, by his examination, to have as much practical knowledge as did the examiner when he was "let loose to prey on a community."

One may have learned so much in a practice covering one or more decades as to have forgotten how little he knew of flying when he left the college nest; and should his present knowledge have somewhat inflated him, his excellent opinion of his own qualities may influence him to do an injustice to one who deserves honest and impartial treatment. It is not an impossible thing, nor a flagrant contradiction that one may be an excellent practitioner and a poor examiner, because prejudiced, partial, or inimical to one or more schools.

But aside from all unworthy feelings for or against a school or an individual, there may be just a little egotism on the part of an examiner that leads him to make a display of his learning, if he really have any, or, of his authority as an examiner, if he has not the sense and principle to keep them down. The opportunity and temptation may be too great to be resisted, and to impress his own importance on others, he may feel it necessary to sift the applicant on his knowledge of Plica

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Polonica; whether he is familiar with the best methods of cultivating its specific microbe and counteracting its ravages; on the leprosy of the Asiatics and how distinguished, if at all, from that sometimes seen in the Western Continent; whether hereditary, contagious or non-contagious; and whether the disease should be attacked in its bacillus, or treated by Medicinal agents. The diseases of the State or of the locality where the applicant purposes to settle are too simple in their etiology, pathology and treatment to serve him for a display of his professional knowledge, and hence on such he is not examined. What is here imagined may not be realized; but the possibility has already been established by fact. The following is somewhat to the point:

"On the questions asked by the New Jersey State Examining Board, Dr. H. C. Wood says that "off-hand he could not answer the questions presented by the Medical Examiner, and he would be ashamed of himself if he could.' The questions had no relation to practical therapeutics. One might answer them and be innocent of any proper education in therapeutics, and he might fail to answer them and know the entire contents of the best works on therapeutics. State Medical examinations must either be made in accordance with modern practical knowledge, or Medical Schools must strive to make Mediaeval lumber-attics of the heads of their students, to the disgrace of American medicine and the detriment of American communities." (American Lancet, Sept., '91.)

Then, again, how are the members of the State Examiners to be selected, and by whom is their selection to be made? If by the Medical societies or conventions assembled, we know that these are not free from "ways that are dark and tricks" unbecoming in assemblies so presumably grave and honorable. If physicians will "hustle around" themselves and press into their service men whom they have captured by one means or another, in order to secure an office or prominent position in such assemblies, we may count it as certain that they will "hustle" to get on the Board of State Examiners. Influences and means, outside professional and personal fitness, we may rest assured, will be employed by the ambitious and the more or less unscrupulous.

It is useless to close our eyes to the fact that there are such men in the ranks of the profession. There was a Judas among the twelve, there are hypocrites in the church, and scoundrels in every profession or calling in life, and every holy, righteous and benevolent cause or enterprise has suffered through such men getting into places of influence and power. When a physician gets into politics, and learns and employs the methods and means of politicians, his frock is smirched, and he should be debarred from positions of this kind. But such are cute enough to get there.

If there were sufficient virtue in medical assemblies to press the unworthy to the rear, there would still be a division of sentiment as to who are the unworthy; and when the latter have an equal vote in the assemblies, the pressing may not be a success. But allowing the best voting and selecting material, still a difficulty of no mean proportions confronts the voter. What knowledge has he of a worthy and competent man who may be proposed for the position of examiner? A man

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may have a reputation above or below his real merits; still his reputation will be made the measure of his fitness, while another without more than a local reputation may be well fitted, but who knows it? Only a few, and hence a few make the selection, a choice based on what is regarded as true merit and fitness. Sections of a state demand representation on the board, and so an influence is exerted on the supposition that merit and fitness are not found in one section of the state. This may be true, and may be admitted as true; but the practical work of designating such a one may have behind it influences which may not be sufficient professional fitness. Difficulties confront us in every direction, and it may become a question whether there is not some other way or means of accomplishing the same purpose.

When the United Bank was a prominent issue in a presidential canvas, the *New York Herald*, then, as now, a power in politics, declared its willingness to support the measure if a board of directors could be had composed of angels from heaven. As this was impossible, the measure could not be advocated. A State Board of Medical Examiners is not wholly unlike the obnoxious financial measure.

But assuming that a proper selection can be made, will such men consent to serve the state in such a position? The howling pretence is the protection of the citizens of the state from the incompetent and unscrupulous. Do state legislatures care a fig for such a purpose? Has any state ever seconded the efforts of the profession in matters where others, and not its members, are the parties to be benefitted by measures designed and urged by the medical profession? Selfish motives are always assigned as the reason prompting the profession to urge measures beneficial to the public in general. This is the reward it receives. Hence a time comes when intelligent and worthy men get tired of serving an ingrate; and when a new measure is proposed that requires their co-orporation practically and influentially, they are in no hurry to engage in such, and especially since they cannot see that such measures will probably have any better success than their predecessors, which looked in the same direction. When men see how the Board of Health has been compelled to struggle against opposing forces, legal absurdities as well as the selfish newspaper, and how little, comparatively, it has accomplished, they are not enthused by a fresh spurt of virtue, nor even inclined to undertake an arduous and thankless job of looking over the work of men whom the state has commissioned to teach the science and art of medicine in all its branches. When such decline to serve, and the work must be done, then it may come to pass that "Fools rush in where angels fear to tread."

It may be argued that applicants for a place in the medical corps of the army are required to stand an examination. But a medical examining board attached to the army is something quite different from a State Board of Medical Examiners, who are chosen from among men who themselves have undergone no examination as to their fitness to be made members of an examining board. The cases not being parallel argues nothing in favor of a Medical Board in the States, appointed to pass on the qualifications of men holding diplomas from reputable schools.

It may be asked, "What do you propose in place of a State Board of Medical

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Examiners?" It is much easier, we know, to pull down than to build up; to object to a particular plan than to propose a better one. We are not just now in the proposing class; but if we were to suggest that the State should not permit any Medical School within its jurisdiction to admit a student to matriculation unless he had the preliminary education indicated by the literary degree of A. B., the sturdy farmers and business men in our legislature would cry out at once and in alarm declare that their own sons were to be deprived of access to Medical Schools, except on the ground of an aristocracy based on advantages of a classical education, which placed the profession of medicine beyond their reach. Yet such a preliminary education will do more to elevate the standard of medical education than any other one thing, and give to the graduate a standing in the community which will command respect, and secure to him at least the presumption of professional ability.

But as such a "reform" is some distance in the future, something else in the meantime can be done. Shall this be a Board of Examiners or some other means? The latter is reserved for consideration at another time.

Donations.

THE ENSWORTH HOSPITAL desires to express thanks to the following parties who who have sent contributions to the Free Dispensary during the past month: Messrs. Parke, Davis & Co., Detroit; Eli Lilly & Co., Indianapolis; Robinson-Pettet Co., Louisville, Ky.; Renz & Henry, Louisville, Ky.; The Searle & Hereth Co., Chicago.

End of Volume X.

THIS year THE MEDICAL HERALD will not inflict its readers with the ancient customary story of "past successes and future prospects." Instead all spare time has been devoted to the production of this special number. A glance at its index will speak for itself, while the general excellence of THE HERALD'S "tout ensemble" points with unerring aim to "notch XI" on the pinnacle of journalistic fame.

THE editors of Northwest Missouri met in this city on Nov. 20th and 21st, and effected a permanent organization. They were handsomely entertained by St. Joseph's newspaper men and the Board of Trade.

THE MEDICAL HERALD for January will appear in a handsome new dress, manufactured expressly for this journal by the Central Type Foundry, St. Louis.

WE WILL, AND MORE, TOO.—

"Will you please give me credit
Opposite that little debit,
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I like your HERALD, and will take it
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Our Book Table

ARTIFICIAL ANÆSTHESIA AND ANÆSTHETICS, by Forest Hilgard, R. M., M. D., Ph. D., Professor of Orthopædic Surgery in the University of Pennsylvania; Surgeon to the Presbyterian Hospital, etc., and Lewis H. Adler, Jr., M. D., Instructor in Rectal Diseases, Philadelphia Polyclinic and College for Graduates in Medicine. The Physician's Library, published by Geo. S. Davis, Detroit, Mich. Price, 25c. In paper. 144 pages.

The contents of this little work show that the authors have traversed the entire field of Anæsthesia, considering all the principal agents which are employed in producing the state, both general and local; and a perusal of its pages shows that they have done the work well. One cannot better invest 25c. than putting the amount in this *brochure*.

SAUNDER'S QUESTION COMPENDS No. 1.—*Essentials of Physiology*, Arranged in the form of Questions and Answers, prepared especially for the Students of Medicine, by H. A. Hare, B. S. C., M. D., Professor of Therapeutics and Materia Medica in the Jefferson Medical College of Philadelphia, etc.

The series of Question Compends, now being published by W. B. Saunders, are so well suited to the wants of medical students that they can but prove very serviceable to them while in attendance on lectures, or at home preparing themselves for listening to, and being profited by lectures in the college. The plates are excellent, with clear definition of outline for uncolored drawings, and the text embraces those parts of Physiology, which the author deems the most essential and important A second edition in so short a time indicates that it meets a real and felt want. Price, $1.00.

ESSENTIALS OF BACTERIOLOGY; Being a concise and systematic introduction to the Study of Micro-Organisms, for the use of Students and Practitioners, by M. V. Ball, M. D., late resident physician German Hospital, Philadelphia; Assistant in Microscopy, Niagara University, Buffalo, New York. W. B. Saunders, publishers. With seventy illustrations in colors. 159 pages; Price, $1.00.

This is a very practical work on a subject that engages the attention of the microscopical pathologist. There is not much about Bacteriology that you cannot find in this book,—practical knowledge from the beginning to the close, and knowledge that enlists the microscopist's interest at every step of the author's methodical investigation.

THREE THOUSAND QUESTIONS ON MEDICAL SUBJECTS; arranged for Self-Examinaton; with proper references to standard works in which the correct replies will be found. P. Blakiston, Son & Co., Philadelphia.

With the books of reference in hand, the student will find this little volume of great practical service. The practitioner may often have use for it. The books of reference are: 1. Gray's Anatomy, 11th Ed. 2. Gould's New Medical Dictionary. 3. Potter's Quiz Compend on Anatomy, 5th Ed. 4. Hughes' Quiz Compend on the Practice of Medicine, 4th Ed., Part I. 5. The same, 4th Ed., Part II. 6. Bunbaker's Quiz Compend on Physiology, 6th Ed. 7. Landis' Quiz Compend on Obstetrics, 4th Ed. 8. Potter's Quiz Compend on Materia Medica, Therapeutics and Pre-

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scription Writing, 5th Ed. 9. Morris' Quiz Compends on Gynæcology. 10. Fox & Gould's Quiz Compends on the Diseases of the Eye and Refraction, 2d Ed. 11. Hartwitz's Quiz Compend on Surgery, Minor Surgery and Bandaging, 4th Ed. 12. Leffmann's Quiz Compends on Medical Chemistry, 3d Ed. 13. Stewart,s Quiz Compends on Pharmacy, 2d Ed. 14. Ballow's Quiz Compends on Veterinary Anatomy and Physiology. 15. Warren's Quiz Compends on Dental Pathology and Medicine. 16. Hatfield's Quiz Compend on the Diseases of Children.

ANNALS OF THE UNIVERSAL MEDICAL SCIENCES. Edited by Charley E. Sajons, M. D., and seventy associate editors, and assisted by over two hundred corresponding editors, collaborators and correspondents. Illustrated with chromo-lithographs, engravings and maps, 1891. Published by F. A. Davis, Philadelphia, New York, Chicago, Atlanta and London. Vols. 1, 2, 3, 4 and 5.

A work on which so much labor is bestowed ought to be, and is, a most excellent publication and extremely valuable as a work of reference. The subjects embraced in these cover the whole field of medical science, and such as have received special consideration within a short time. Being published annually and covering so extensive a field, the volumes are properly named *Annals of the Universal Medical Sciences.*

We need but know their contents to perceive and properly value their practical worth to the busy practitioner, affording him a treasury of practical knowledge.

Volume 1 embraces Lungs, Pleura, Heart, Pericardium, Stomach, Pancreas, Liver, Intestines, Peritoneum, Digestive Organs in Children, Animal Parasites, Urinalysis, Diabetis, Fevers, Scarlet Fever, Measles, Rothel, Diphtheria, Croup, Pertussis, Parotitis Rheumatism, Gout, Kidneys, Bladder, etc.

Volume 2. Brain, Spinal Cord, Peripheral Nervous Diseases, Mental Diseases Blood, Spleen, Uterus, Menstruation, Ovaries, Tubes, Vagina, External Genitals Diseases of Pregnancy, Obstetrics, Puerperal Diseases, Diseases of the New-Born, Infancy and Childhood, Growth, Age.

Volume 3. Brain Surgery, Thoracic Surgery, Abdominal Surgery, Recto-Anal Surgery, Genito-Urinary Surgery, Syphilis, Arthopedic Surgery, Amputations, Resections, Fractures, Dislocations, Diseases and Injuries of Arteries and Veins, Oral and Facial Surgery, Surgical Micoses, Surgical Diseases, Traumatic Neuroses, Dressings, Antiseptics, Anaesthetics.

Volume 4. Dermatology, Ophthalmology, Otology, Rhinology, Diseases of the Pharynx and Tonsils, Diseases of the Larynx and Oesphagus, Intubation, Diseases of the Thyroid Gland, Inebriety, Morphonism, Legal Medicine and Toxicology, Demography, Histology and Techology, Bacteriology.

Volume 5. General Therapeutics, Experimental Therapeutics, Electro-Therapeutics, Climatology, Balneology, Hygiene, Epidemiology, Embryology, Anomalies, Anatomy, Physiology.

INSTITUTIONS FOR CONSUMPTIVES. A review of the newer and more successful methods of treating this disease, together with a description of institutions especially adapted to this work, by C. C. Fite, M. D., New York. Reprint from *Dietetic Gazette*, October, 1891.

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Pamphlets Received.

United States Medical Practitioner's Protective Alliance. Transactions, '91.

Is Tuberculier a Failure, by the same author. (Reprint from *Southern Medical Record.*)

Fifth Annual Report of the State Board of Health of the State of Ohio, ending October 31, 1890.

The Scientific Rationale of Modern Wound Treatment by Henry O. Marcy, A. M., M. D., L. L. D., Boston, Mass. (Reprint from *Jour. Am. Ass'n.*)

Secretary's Annual Report of the Ninth Annual Re-union of the Ex-Confederate Association of Missouri, held at Kansas City, Mo., August 19 and 20, 1891.

Post-Partum Douche, by Edwin Purchon, M. D., Chicago, Ill. (Reprint from the *North American Practitioner* and from the Chicago *Medical Record*, Oct. '91.)

The Causes for Failure in the Diagnosis of the early stage of Pulmonary Tuberculosis, by Karl Von Ruck, B. S., M. D., Ashville, N. C. (Reprint from *Gaillard's Medical Journal.*)

The Weather and Climate Clothing. Observations in the United States Weather Service on the Etiology of Catarrhal Deafness, by George Wilkinson, M. D., Omaha, Neb. (Reprint from Omaha *Clinic.*)

Tumors of the Naso-Pharynx, Pharynx, Larynx and Œsophagus, by W. Cheatham, M. D. Louisville, Ky., Clinical Lecturer on Diseases of the Eye, Ear, Throat and Nose, University of Louisville. (Reprint from *N. Y. Med. Jour.* for August 15th, 1891.)

Institutions for Consumptives. A review of the newer and more successful methods of treating this disease, together with a description of institutions adapted to this work, by C. C. Fite, M. D., New York. (Reprint from *Dietetic Gazette*, Oct. '91.

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A Plea for the Extra-Peritoneal Tteatment of the Stump in Abdominal Hysterectomy for Fibroids, by A. Lapthorn Smith, M. D., M. R. C. S., E., F. O. S. L., Lecturer on Gynaecology in Bishop's College; Surgeon to Woman's Hospital; Gynaecologist to the Montreal Dispensary. Reprint from Canada *Lancet* Jan., 1891.

Among the Magazines.

Babyland for November is out. "How the Baby Named Herself" is a charming surprise. The little love song, "To My Kitty," is a sweet awakening from an unhappy dream; while the tots lost in the snow, and the darling sighing for a watch in exchange for her doll are delightfully drawn. The touching stories, the funny jingles, and the lovely pictures of Babyland fascinate us more and more. No better investment of 40 cents for the entire year. D. Lothrop Company, Boston.

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THE NORTH AMERICAN REVIEW for November is a very interesting number, being filled with material of a very practical character, and such as will attract the attention of every thoughtful reader. It opens with Russian Barbarities and their Apologist, by the chief Rabbi of the British Empire. Then follows A Plea for Free Silver, by Senator D. W. Voorhees; Are French Novels Faithful to Life, by Mrs. M. E. W. Sherwood. Our Business Prospects, by the President of the New York Chamber of Commerce. Women in English Politics, by Justin McCarthy, M. P. How to Improve Municipal Government, by Ex-Mayor Hart of Boston, and the Mayors of Baltimore, Buffalo and St. Louis. What Americans can do for Russia, by Sergius Stepnaik. Public and Private Debts, Robt. P. Porter, Superintendent of Census. Italy and the Pope, by Ex-Prime Minister Crispi. Notes and comments. Here is a feast.

THE HOME MAGAZINE, OF WASHINGTON, D. C.—The fourth volume of this popular monthly magazine begins with the issue for November. Among the contents of this number is chapter first of a new serial from the pen of Harriet Prescott Spofford, entitled "One Too Many." This is well illustrated and will run through three or four issues. Mary Hartwell Catherwood's two-part story, "The Mill at Petit Cap," is concluded in. this number. Mrs. Logan's article for the month is especially interesting. She writes of the re-election of Lincoln. There is an excellent short story by Ellia W. Peattie, entitled "An Autumnal Wooing." The article in the Gentle Art and Beauty series treats of the teeth. This article is alone worth the price of *The Home Magazine* for a year. The Dining Room department for the current number gives many valuable recipes, and a menu for a Thanksgiving dinner. Miss Pruden gives in the Floral Department an interesting illustrated paper on the famous lily, the Victoria Regia, exhibited this fall in the basin of the Bartholdi fountain in the Botanical Garden, whose leaves, as they floated upon the water, were of such size that they would bear up a child. Over two and a half pages are devoted to Christmas Presents. These show how to fashion many articles suitable for gifts.

A NEW "LIFE OF COLUMBUS"—ARTICLES FOR EVERYBODY—That great American periodical, *The Century*, is going to outdo its own unrivaled record in its programme for 1892, and as many of its new features begin with the November number, new readers should commence with that issue. In this number are the opening chapters of "The Naulahka," a novel by Rudyard Kipling, the famous author of "Plain Tales from the Hills," written in collaboration with an American writer, Wolcott Balestier. It is the story of a young man and a young woman from a "booming" Colorado town, who go to India, he in search of a wonderful jeweled necklace, called "the Naulahka" (from which the story takes its name) and she as a physician to women. The novel describes their remarkable adventures at the court of an Indian mabarajah. Besides this, *The Century* will print three other novels during the year, and a great number of short stories by the best American story-writers. The well-known humorist, Edgar W. Nye ("Bill Nye") is to write a series of amusing sketches which

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"LOCATING THE WANDERER."

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Townsend, Wyatt & Emery's Great Department House, Saint Joseph.

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he calls his "autobiographies," the first one of which, "The Autobiography of a Justice of the Peace," is in November. This number also contains a valuable and suggestive article on "The Food Supply of the Future," which every farmer should read, to be followed by a number of others of great practical value to farmers, treating especially of the relations of the Government to the farmer, what it is doing and what it should do. This series will include contributions from officers of the Department of Agriculture, and other well-known men will discuss "The Farmer's Discontent," "Cooperation," etc., etc. A celebrated Spanish writer is to furnish a "Life of Columbus," which will be brilliantly illustrated, and the publishers of *The Century* have arranged with the managers of the World's Fair to print articles on the buildings, etc. One of the novels to appear in 1892 is A Story of New York Life, by the author of "The Anglomaniacs," and the magazine will contain a great deal about the metropolis during the year, among other things a series of illustrated articles on "The Jews in New York." In November is an illustrated description of "The Players' Club," founded by Edwin Booth, and one of the features of the splendidly illustrated Christmas (December) number is an article on "The Bowery." To get *The Century* send the yearly subscription price ($4.00) to The Century Co., Union Square, New York, N. Y.

Our Little Men and Women for November reaches us with as warm a welcome as usual. "The Busy B's in the B-hive," "How a Good Penny Returned," "How Did They Know?" about Katy's jam exploit, "Such a Story!" "The Little Freighter," and Thanksgiving Dinner,"are all delightful; while "We Three," "We Four," and other beautiful illustrations are charmingly drawn. For our boys and girls who have just learned to read, it is the best magazine that could be provided. $1.00 a year. D. Lothrop Company, Boston.

Lippincott's for November comes with its usual supply of good things. Mrs Poultney Biglow leads with an interesting story of the rivalry of a Duke and a Commoner for the hand of a brilliant society belle of New York City. Writers for its pages—rather those who aspire thereto, but afraid to venture—will find the Story of a Rejected and Returned Manuscript entertaining. Some may possibly see in it a slice of their own experience. The Interviewer Interviewed will be read with pleasure by all men of "the quill and scissors," and especially by newspaper correspondents. On the whole Lippincott's for November is fully abreast of its predecessors, and always affords agreeable and profitable reading.

"The Best of Children's Magazines."--The publishers of *St. Nicholas* that famous young folks' magazine, are offering to send a sample copy, free of charge, to any father or mother who would like to consider the question of taking a children's magazine during the year to come. Certainly if that question is up for discussion in any household, *St. Nicholas* will be the magazine selected. From its first number, in 1873, the pens of the greatest writers of the English world, and the pencils of the most famous illustrators, have been at its service. Tennyson, Longfellow, Bryant, Thomas Hughes, Whittier, Bret Harte, Bayard Taylor, Mrs. Bur-

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nett, Miss Alcott, Donald G. Mitchell, George McDonald, Mrs. Oliphant, Professor Proctor are a few of the many great names which have been upon its list of contributors. Mrs. Mapes Dodge is the editor. Everything in it is illustrated. In 1892 there are to be serial stories by Brander Matthews, Lieutenant Robert H. Fletcher, (the author of that charming book, "Marjorie and Her Papa") Laura E. Richards, William O. Stoddard, Charles E. Carryl (the author of "Davy and the Goblin") and Frances Courtenay Baylor. There will be short stories by Thomas Nelson Page, Mary E. Wilkins, Mary Hallock Foote, Richard Malcolm Johnston, Octave Thanet, Gen. O. O. Howard, and many others, with papers of travel and adventure by J. T. Trowbridge and Lieutenant Schwatka, and useful articles on "How Columbus Reckoned," "William the Conquerer," "Volcanoes and Earthquakes," "Straight Lines and Circles," etc. In "Strange Corners of Our Country" the Great American Desert, the Cliff-Dwellings of Arizona, and other interesting places will be described, and in "Honors to the Flag" and "Boys and the National Guard" the patriotism of our young readers will be aroused and stimulated.

If not already familiar with *St. Nicholas*, send a postal card to The Century Co., Union Square, New York, N. Y., and ask to see a sample copy. A year's subscription to *St. Nicholas* makes a splendid Christmas present, for it brings Christmas twelve times a year.

THE PANSY. Perfectly charming is the November number of this delightful magazine. The hastiest glance convinces us that this is the magazine to put into the hands of our young people. Its "Pansy S. C. E.," "All Along the Line," and "The Little Card" continue elevating and inspiring as ever, and "Way Stations," a further account of our dear little friends who were twenty minutes late, is begun, as well as Margaret Sidney's "Little Paul; and The Frisbie School." Most fascinating in baby simplicity and tenderness is "What Made Baby Laugh" in Baby's Corner. The PANSY is still unsurpassed. $1.00 per year; 10 cents a number. D. Lothrop Company, Boston, are the publishers.

ALL AROUND THE YEAR, 1892. Entirely new Design in colors, by J. Pauline Sunter. Printed on heavy cardboard, gilt edges, with chain, tassels and ring. Size 4½ by 5½ inches. Boxed. Price 50 cents.

This most charming calendar is composed of heavy, gilt-edged cards, tastily tied with white silk cord, and a delicate silvered chain attached, by which they may be hung on the wall or elsewhere, and are so arranged on rings that they may be turned over as each month shall be needed for reference. As fresh in design—even outshining its brilliant host of predecessors which have been sent out each year to the calendar-loving world—as it is fresh in the fair whiteness and the soft delicacy of its workmanship. Each card contains not only the calendar but a design both charming and appropriate, and an equally timely sentiment.

AS AN INDICATION of the relative value of the various Medical journals in the West, as compared with THE MEDICAL HERALD, our readers are referred to the "Index to Volume X" in this issue. Your decision will not be appealed from.

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Crumbs.

"WHEN I would enjoy good, evil is nigh me." The quotation is not verbally correct, but it serves to illustrate the same thought we have in the fact that a thorn lurks close to every rose, and that good is closely followed by some evil. A young lady and her "chief beau" in Indiana realize the truth of such sayings, since one has a broken rib and the other mopes about in tears, lamenting a too ardent exertion of his strength of arm. An encircled waist has the delight of a rose and the comfort of a great good; but a broken rib is a thorn in the side of both maid and lover. Yet, doubtless, she still grants him a smile of affection and a look of endearment to soothe his compassionate sorrow, though she wishes that he was not quite so strong in his—arms!

A Medical student, when he begins the life-work of medicine, should take a lesson from the Sculptor, who, from a rude mass of stone, chisels out of it an ideal he had already sculptured in his nind. The creation of his mind appears to our sight in the creation of his hands. The student should make in his mind some image of the physician he proposes to make by his studies, and then labor for the visible and actual creation of his psychic image. He should not content himself with making but a part of a doctor, for, as the body is one, and every member a necessary part of that body, and holds close connections with the whole, so must the whole be as well known as a part. We do not find sculptors spending all their genius on any one port of the body, when his conception embraces the whole. Though much labor and study is "wearisome to the flesh," still, patient labor and unwearied application are as necessary to the work of auto-sculpture as to that in stone. This should embrace the whole man in this field of work. But if only the doctor is chiseled out, what is to be done for other psychic aptitudes and wants? Only round men can roll; the one-sided grow only in one direction, whereas psychic faculties, aptitudes, wants and desires reach out in all directions, and hence should not be neglected. No one fully knows what is in him until occasion and opportunity open a way. Serious faults in all departments of human learning arise mostly from the quirks of one-sided men.

WHEN Chicago builds a greater than an Eifel tower, the wonderful structure will afford the magnates of the Old World in person or proxy an opportunity of seeing what a wonderful land and people lie out before their view in every direction. And yet to have an adequate bird's-eye view of the whole land, the tower would require to be extended higher than Himalaya and the aid of a glass that could reduce miles to inches. This is one land and one people, and though they be composite in their nativity, become here a unit in their living and thinking. What shall be seen in the next five years in the village on the banks of a large lake will be but an index to what will certainly be in another century. But Chicago, through the World's Fair only affords the opportunity.

It has, however, some drawbacks which belong to itself. It is not a city of righteousness, if the prominent be an index to its character. Some uncomplimentary flings have been made at the city, as that there is no road leading from it to heaven. It has a large number of railroads leading out from it, coming into it, but railroads are not "highways of holiness." They are very material in warp and woof, and attract so much of the attention of their managers as to leave no time for "heavenly things." So with everything about and in the city. Hence the absence of "the narrow way out," and the presence of "the broad-way" in it. Yet the wicked city is not without some virtue. Its judicial inquiry did succeed in cutting through and down the ugly hill of socialism, and sent the conspirators on before, at which the world said, Amen. The Carnagie tower will be in the right direction, but its "steps" are not of the proper kind. Still, there is one comforting reflection in its serious drawbacks: it is an *American* city, though its politicians will bow down to the foreign element.

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WHAT an accident may do. See? He walked in and put down two dollars that jingled in tones sweeter than the Swiss Bell Ringers, and hurriedly said: "There, take these cart-wheels and credit me quick!" "What's the matter?" we asked. "Well," he said, "enough's the matter. Last week I was fishing out on Spring Creek; a thunder storm came up, and it rained and thundered and lightened all around me. I crawled into a hollow log to escape getting soaked. Then the rain made the log swell up till I was fastened in and nearly squeezed to death. I began to think of my sins, and the first thing that popped into my head was what I owed you. I repented, and in good faith too, for I show you the fruits now. I felt so small about it that I really got smaller and backed out of the log, and came here as soon as I got some dry clothes on. Now, I begin to feel all right. 'Twont happen again."—*Ex.*

Ameba's Lover.

A neat bacillus, with rounded ends,
Was seen by means of a powerful lens.
Moving with undulatory grace,
Through a fashionable lymphatic space.

His graceful appearance would take with some,
As he picked his teeth with a flagellum;
Though he flirted in a way to shock us,
With every common gonococcus.

His manners were good—every one knew it—
For he'd been through a fine culture field.
But his tailor's effects were all in vain
To collect a bill for this germ's membrane.

His mind was filled, one might say wholly,
With thoughts of sweet Ameba Coli.
Her mob le form, 'twas his conjecture,
Languished within the sigmoid flexure.

So hurrying through an abscess rancid,
To an artery of rapid transit,
He took, in a depot of congestion,
A blood-disc bound for the large intestine.

In the parlor-car he chanced to see
A plasmodium malaræ.
A pretty picture she seemed to make
A she fed her spores on ague-cake.

And then the thought of bliss in store—
Of Ameba and a baby spore!
And how they'd dwell in saccule neat
In a calm and scybalous retreat.

But just as he reached Ameba's door
He heard a protoplasmic roar;
And there, repulsive in his might,
Was a hungry, savage phagocyte.

His mouth was large and his words profane,
So our hero drew his good ptomaine.
"Swish! snap!" went a pseudopodic jaw,
And "gulp!" went a phagocytic maw;

While his mistress saw a vacancy
Where his loved bacillus used to be.
Then Ameba, with a doleful shiver,
Went far away to the dismal liver.

—*Lancet-Clinic.*

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PROGRESS

The Administration of Anæsthetics in Oral and Nasal Surgery. The author's experience as anæsthetist at the Charing Cross Dental Hospitals has developed the following points: Ordinarily it is best to anæsthetize patients with ether and to keep it up with chloroform, care being taken not to make the substitution until the patient begins to show signs of emerging from the ether narcosis. The advantages of ether are: 1. It is possible to fill the patient with such a quantity that for many operations it is not necessary to add more than to produce profound narcosis. 2. There is no objection to having the patient's head elevated or even to the sitting posture. 3. Should any difficulties—dependent upon the presence of morbid growths, etc., in the nose or mouth—arise during the administration of ether, there is not that liability to circulatory depression which exists during the use of chloroform under similar circumstances. Where the position of the patient is left to the anæsthetist, he should place the patient in the position most favorable for the escape of blood. Aside from the inconvenience of the presence of blood, much discomfort from nausea or vomiting, due to swallowing blood, may be avoided. When considerable bleeding is anticipated, one of two positions should be chosen, if possible. 1. The etherized patient should be slowly raised into the sitting posture and his head and shoulders thrown well forward; or, 2 he should lie on his side with arm under him and, his head being near the edge of the table, his face should be directed downward, the mouth being well opened by some form of gag in either case. Should there be complete or nearly complete nasal obstruction place a mouth gag between the teeth before beginning the administration; partial occlusion is liable to become complete during anæsthesia, by reason of increased vascularity of parts. When respiration prior to anæsthesia is embarrassed for any reason the administration should be very cautious and the breathing watched. Otherwise, when the required degree of narcosis has been reached, the mouth should be opened by some form of gag. In cases where there is very free hemorrhage, it is best not to maintain very deep anæsthesia, the abolition of the corneal reflex not being necessary as a general rule. In very delicate operations, however, as well as those in which the bleeding is slight, deep anæsthesia should be kept up throughout the operation.—*Frederic Hewitt, M. D., London, in London Laucet.*

Satisfactory Results in the Treatment of Simple Fracture of the Shaft of the Femur as Decided by the American Surgical Association—The frequency with which the surgeon is summoned to court as defendant in a suit for damages for alleged maltreatment of a fracture of the femur makes this one of the msst important questions in jurisprudence. Perhaps even more frequently the patient seeks to recover a large sum from either the individual or corporation by whom he was employed at the time of his accident. On such occasions in the past, the evidence of different surgeons testifying in the case has at times been so discordant that the court has come to look upon expert testimony with distrust, and juries

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have occasionally rejected it altogether. In so simple a matter as fracture of the femur it would seem that there should not be such diversity of opinion, and an effort has been made to harmonize the surgical mind upon this question, by the American Surgical Association, than whom no body of men can speak more authoritively. A committee was accordingly appointed to report at the meeting now just past what, in their judgment, under the methods of treatment now employed, should be considered as satisfactory results. The committee consisted of Dr. Stephen Smith, of New York; Dr. D. Hayes Agnew, of Philadelphia; Dr. David W. Cheever, of Boston; Dr. D. W. Yandell. of Louisville; Dr. Charles T. Parkes, of Chicago; Dr. P. S. Connor, of Cincinnati; Dr. Charles B. Nancrede, of Ann Arbor, and Dr. Hunter McGuire, of Richmond. The following circular was issued to members: "What should be considered as a satisfactory result (other than perfect union) in the treatment of a simple fracture in the shaft of the femur?" Thirty-four replies were received; these were carefully tabulated, and the committee endeavored to select a common ground to which the association could subscribe, and to which members could adhere in court. The following are the conclusions: A satisfactory result has been obtained in the treatment of fracture of the shaft of the femur when (1) firm bony union exists; (2) the long axis of the lower fragment is either directly continuous with that of the upper fragment or the axes are on nearly parallel lines, thus preventing angular deformity; (3) the anterior surface of the lower fragment maintains nearly its normal relation to the plane of the upper fragment, thus preventing undue deviation of the foot from its normal position; (4) the length of the limb is either exactly equal to that of its fellow, or the degree of shortening falls within the limits found to exist in 90 per cent of healthy limbs, viz, from one-eighth of an inch to one inch; (5) lameness, if present, is not due to more than one inch of shortening; (6) the conditions attending the treatment prevent other results than those attained. This report was accepted by the Association. One year is fixed upon as a reasonable period after the cessation of treatment for a final decision in regard to restoration of function. A limp, or lameness, does not necessarily indicate an unsatisfactory result. It has been observed that many persons have a normal variation in the lengths of their limbs, in some of the cases as much as an inch, who show no signs of lameness. It is also found after fracture that, by tilting the pelvis, some patients will compensate for considerable shortening, and show no limp in their gait, while others, with much less shortening, will show decided lameness. Of course, reference is had only to simple fractures of the shaft of the bone; it would be obviously impossible to lay down any rule for the infinite variety of complications which may occur under other conditions. The conclusions above given, however, cannot fail to be of the greatest benefit in future, as they are Medical Supreme Court decisions; it would seem that legally they must be accepted.

Wooden tooth-picks (a box 1,000, cost ten cents) and absorbent cotton are best for applying acids to sores, chancroids, warts, etc. Burn them afterwards, and as they are cheap, don't stint the number used.

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Premonitory Indications of Typhilitis in Children.—An article on this subject in the *Revue de Therapeutique Medico-Chirurgicale*, August 18, 1891, states that before the acute explosion of the disease there is always a period characterized by a number of symptoms independent of typhilitis, and J. Simon is quoted as saying that at the outset inflammation of the appendix is not the rule. The predisposing causes of typhilitis in children are heredity, improper alimentation, and neurasthenia, and such states of the nervous system as hinder the normal contractions of the intestine, which, however, may be secondary to the derangement of the digestive apparatus. In some cases, the main premonitory symptoms is an obstinate constipation, the stools are scanty, hard, and covered with a glairy mucus; the bowels are never fully emptied, and a doughy, painful tumor is felt in the right iliac region. A good appetite may be maintained for a long time, until the gravest symptoms set in. In other cases there is anorexia, with a disgust for meat, offensive eructations, intellectual and physical apathy, and obstinate headache. In this period the local condition becomes aggravated, the doughy tumor persists, and serious and slowly-healing lesions may be set up in the cæcal region. The muscular coat does not act, the cæcum is filled up, the appendix is invaded by foreign bodies. Local signs determine the diagnosis, and the cæcal region of a child with these symptoms must be examined. If nervous or reflex symptoms dominate, the existence of other conditions, such as urinary lithiasis, floating kidney, hernia, and lymphatic hypertrophy, must be sought for. The treatment is essentially hygienic; regularity in meals, soft foods, coffee, tea, beer, and a slightly alkaline water. Augment these with oil in small, frequent doses, a tablespoonful of flaxseed in half a glass of water every morning, or a mixture of a teaspoonful of castor oil and a half teaspoonful of oil of sweet almonds. Faradization of the intestine through the abdominal walls may be tried, as well as massage for the nervous system. A trip to the country is good, but the sea-shore should be avoided.

Prevention of Short Leg or Hip Disease.—The author's views are summarized as follows: The deformities of hip disease are caused by the patient's efforts so to place the limb that it shall be the least disturbed by, and afford him the most convenience in his customary attitudes and movements. They are (1) adduction, (2) adduction and flexion, and (3) extreme adduction and reflexion. The second position is practically, by far, the most important, and it is the only one considered in this paper. It is caused by the patient's elevating that side of the pelvis in order to take the limb off the ground, and to keep the affected limb out of the way of the well one, which is on the ground a longer time than the affected limb, and does most of the work of progression. The limb is maintained in the chosen position by reflex muscular contraction, which does not immobilize the joint, but fixes it in such a manner that changes in its position are readily made by the application of gentle but persistent force. It is proposed, therefore, to induce the patient, wearing the hip-splint, which protects the joint from the violence of walking, to divide the time on the ground equally between the two feet, or rather the foot of the sound side and the ischiatic crutch on the affected side, with the expec-

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tation that adduction and reflexion will be wholly or in part reduced, when the affected limb makes repeated efforts to reach the ground and to do its share in locomotion. It is believed that the patient can be induced by precept and drill to adopt this change in the manner of locomotion, with the result indicated—a belief which is sustained by the observation that patients led by accident to walk in this way have recovered with a good position of the limb, and by the results of the adoption in practice of this method of preventing deformity.—*A. B. Judson, M. D., Trans. Am. Orthopedic Association, in New York Medical Times.*

New York Pasteur Institute, SECOND YEAR, FIRST SEMI-ANNUAL REPORT. New York, October 26, 1891.—Dr. Paul Gibier, Director of the New York Pasteur Institute, begs leave to inform you of the results of the preventive inoculations against hydrophobia performed at this Institution during the first six months of the second year of its existence (February 18. 1891 to August 18, 1891.) During this time 415 persons having been bitten by dogs, cats and other animals applied for treatment. These patients may be divided in two categories: 1. In the case of 345 of these persons it was demonstrated that the animals attacking them were not mad. Consequently the patients were sent back after having had their wounds attended to during the proper length of time. 2. In seventy cases the anti-hydrophobic treatment was applied, hydrophobia of the animals inflicting bites having been evidenced clinically, or by inoculation at the laboratory, and in many cases by the death of some other persons or animals bitten by the same dogs. Indigent persons have been treated free of charge. The persons treated were:

New York	17	Maryland	2	Rhode Island	1
New Jersey	16	Missouri	2	Arkansas	1
Massachusetts	11	Ohio	1	Virginia	1
South Carolina	5	North Carolina	1	Mexico	1
Texas	5	Michigan	1	West Indies (Curagoa)	1
Connecticut	3	Pennsylvania	1		

Deaths by Hydrophobia after Treatment.—Miram Adams, five years old, of South Framingham, Mass. Badly bitten July 14th last, in nineteen places by a dog, recognized to be mad. Treated from July 15 to August 1. Symptoms of hydrophobia appeared six days later (August 6). Died August 9. Three other persons (two, sisters of the patient) and a man, bitten by the same dog, who received the same course of treatment, are now enjoying good health. This so far, is the only death by hydrophobia out of the 255 cases treated at this Institute to date With kindest regards to the Pasteur Institute of New York, Paul Gibier.

THE MEDICAL HERALD, at the beginning of the present year, promised its readers *600 pages of readiug matter.* How well the promise has been fulfilled a glance at this issue will demonstrate. "Full measure" is THE HERALD'S motto.

SAMPLES of Sander & Son's Eucalypi Extract (Eucalyptol) gratis through Dr. Sander, Dillon, Ia. Eucalyptol proper stands foremost as disinfectant and antiseptic Meyer Bros. Drug Co., St. Louis, sole agents. Look for the genuine product.

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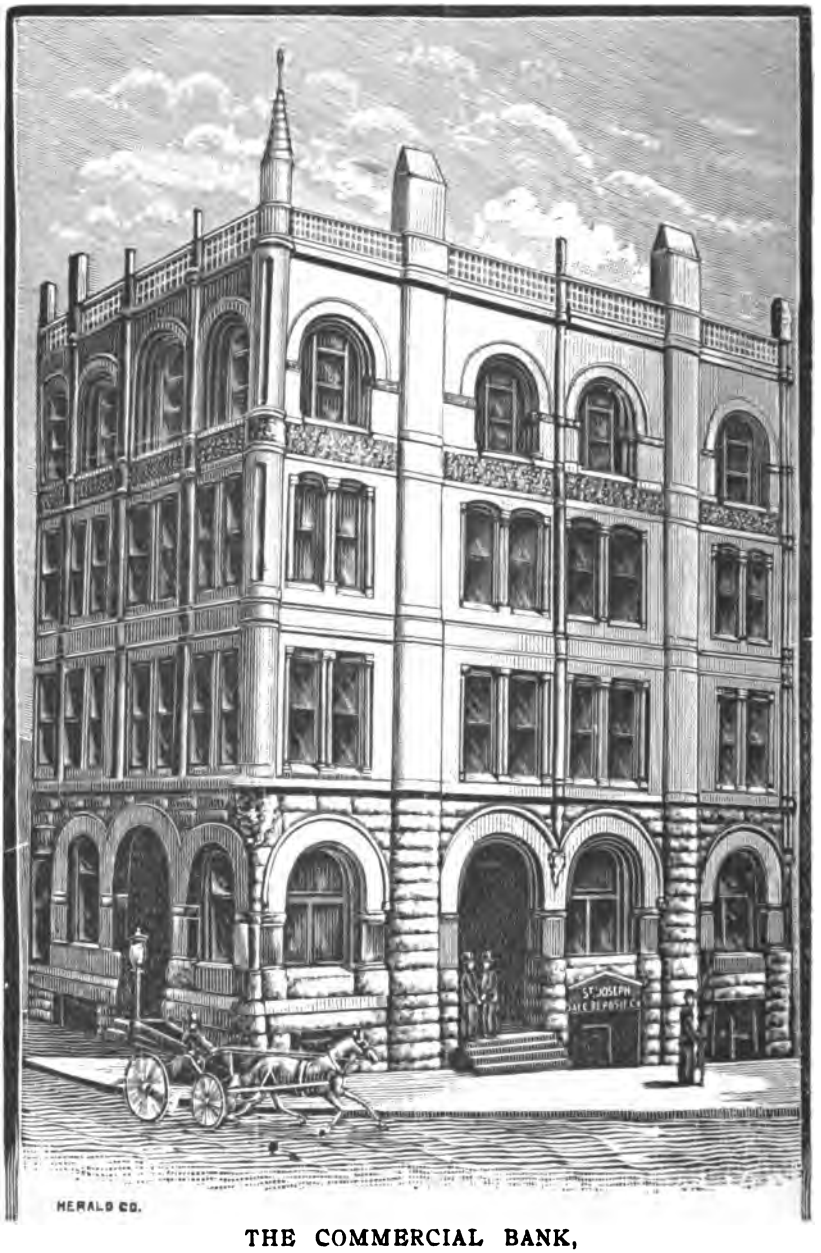

THE COMMERCIAL BANK,

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Erythroxylon Coca; Therapeutic Hygienic.—"Coca possesses the penetrating aroma of vegetable stimulants, the tonic properties of astringents, the antispasmodic qualities of bitters, and the nutritious, mucilaginous principles of the analeptic or alimentary plants."—*Linnaeus.* When all the nations of the civilized world in a noble concert of enthusiasm and of gratitude are preparing to celebrate with the greatest *eclat* the four hundredth anniversary of the discovery of America by Christopher Columbus, it appears to us opportune to review the various acquisitions to therapeutics and hygiene for which old Europe is indebted to young America. After Peruvian bark, the first in chronological order as well as in importance is incontestably Peruvian coca, with its precious alkaloid, cocaine. If the introduction of coca into France at the beginning of this century did not create much stir, if for quite a long period it remained merely a scientific curiosity, and as the appanage of celebrated travelers who had learned its worth in its native country (Pappig, Tschudy, Mantegazza, et al.), it must be admitted, nevertheless, that it has been constantly the subject of earnest study, of varied researches, of endless experiments in the laboratories of chemistry and of physiology, and of most searching clinical observations. This is truly the logical progress of good and useful discoveries, which advance by their intrinsic value, without depending on any fashionable craze or noisy puffery. It was principally from 1862 to 1870 that this movement for scientific investigation received a stimulus which caused Prof. O. Reveil, in 1872, to say: "This substance is destined to take an important rank in therapeutics." The inaugural theses read before the Faculte de medecine of Paris by Demarle (1862), Morenoy Maiz (1868), and Ch. Gazeau (1870), and before the faculty of Strassburg by Lippmann (1868), gave to coca its standing in modern therapeutics by establishing in a positive way this fact, viz: "That it produces an exaltation of life, an increase of muscular energy." To Ch. Fauvel belongs the merit of signalizing a second fact no less remarkable: "The anæsthetic action of coca on the mucous membrane of the pharynx, with its stimulating action on that of the larynx, has given it its characteristic name 'The tensor *par excellence* of the vocal bands.'" Before enumerating the various therapeutic resources that coca offers us, it will not be amiss if we sketch the state of the question as it presents itself in Peru and other republics of South America. These descriptive data have been furnished the Societe francaise d'hygiene in an interesting communication by Dr. Manticuzo, Colombian Consul at Tucuman (Argentine Republic). "Coca, indigenous to Bolivia, thrives in warm and moist regions free from frost, called 'jungas.' The aborigines of the country employ it usually by chewing the leaves to extract the juice. When the coca leaf is masticated, the juice, impregnated with saliva, acquires positive alimentary properties. It restores the flagging powers lost by physical or mental labor and becomes an efficacious stimulant in gastric and intestinal dyspepsia; it is in these conditions that coca is indicated to supply extra nerve force during long journeys by postilions, couriers and soldiers." The Bolivian army is regularly supplied with coca leaves, which form an integral part of their campaign rations. These data founded on the experience of centuries, carry with them the usual accompaniment of the marvelous and the supernatural, caus-

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ing this celebrated plant to be looked upon by the natives of South America as an animated representation of the divinity, which, confirmed by modern researches, assigns to coca the precious and characteristic properties found concentrated in its essential alkaloid, cocaine, the physiological and therapeutic action of which has been so well elucidated through the works of Dr. Carl Koller in 1884, and Marc Laffont in 1888. In the same train of thought Dechambre wrote: "Under the influence of coca, it seems that a new force is introduced into the organism as water is into the sponge." The special applications of coca in the form of a diffusible "vin tonique," prompt in action, have been stated with precision by Dr. Mallez, "in these cases of depressed condition of the system and marked impoverishment of the blood resulting from the prolonged abuse of balsamics;" by Barth, Pidoux, Germain See, and many others "in chronic affection of the respiratory organs," where it always proves an element of tonicity and comfort. In the successive and varied manifestations of tuberculosis it is vain to expect of coca antibacillary or germicidal properties; its action is far more certain, far more efficacious, and much deeper, in that it savorably modifies the prognosis by placing the system in a state of effective defense and, so to speak, making it impregnable. The periodic progress that has been made in our day in prophylactic hygiene and preventive medicine could not ignore the essential properties of the Peruvian plant. Coca has fully lived up to the promises and expectations that we hoped to realize, and even those who, in a spirit of disparagement, more or less interested, had conjured up before the public the specter of cocaism, finally realized that they were only unconscious plagiarists. In cases of abuse similar accusation had been formerly brought against coffe and tea, and yet the hygienic and therapeutic value of these precious substances has remained resplendently intact through ages and among all civilized people. As to the opposition of constitutional skeptics or chronic fanatics, this can not be of long duration in an epoch that Lubonski called, very justly "*L'epoque de l'anemie et du lymphatisme*," and which inspired our great writer Michelet with the alarm cry: "This frenzied life that we are leading to-day (*in aere parislensi*), this life of terrible toil and excesses, it is upon the children that the consequences fall." There lies the origin of the success of vin de coca in that, starting from a modest laboratory, it has spread like a beneficient train of blessing among all classes of the French population, to cross successively all the frontiers and carry back beyond the Atlantic, with all the improvements of art and of science, the gift that America had formerly made to Europe. This rapid historical sketch would show a regrettable gap if I did not summarily indicate the powerful support that certain circumstances of our social life have given to the general employment of the vin de coca. Nobody, indeed, is ignorant of the deplorable effects of alcoholism. To remedy this scourge of humanity, ingenious manufacturers had thought to substitute for alcoholic drinks perfumed cordials more agreeable to the taste, and hence much less within reach of the laboring classes. But, alas! the costly drinks are to-day objects of commerce that sanitary science condemns. In a recent communication to the Academy of Medicine, Dr. Lancereaux did not hesitate to affirm (with clinical notes in hand) that chronic intoxication through essential drinks (absinthe, vermouth,

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amer picon, vulneraries, etc.) was spreading more and more, especially among ladies, their delicate taste naturally leading them to prefer cordials. "These drinks," he exclaimed, "cause the greatest ravages, for not only do they engender nervous complications which too often cause death, but they are besides the cause of denutrition or a weakening of the system which predisposes to tuberculosis, and causes death through pulmonary diseases. Consequently they should be considered as one of the greatest causes of depopulation." As a conclusion to his address, Dr. Lancereaux asked the Academy of Medicine to warn the public of these dangers they were generally ignorant of, and the authorities whose mission it was to guard the public health. I have truly but limited confidence in the intervention of the public authorities by the limitation of the sale of spirits and by high license, added to the high tax already levied on spirits; but I walk hand in hand with this eminent clinician when he proposes to enlighten public opinion by popular instruction, by hygienic tracts, and by illustrated lectures. Advancing a step further in the domain of practical remedies, I would propose to give to alcoholic drinks and to essential liquors, as an efficacious and infallible succedaneum, the vin de coca Mariani, the moderator *par excellence* of the nerves, the tonic of muscular fiber, the strengthener of the weakened system—in a word, the unquestioned alleviator of physical suffering.—*P. De Pietra Santa, M. D., Paris, France, in N. Y. Med. Jour.*

Bedford Mineral Springs.—The neighborhood of Boston is remarkable for the picturesque and delightful suburban towns which lie within a short ride of the city. Many of them are located on high ground, with all the advantages of exceptionally pure water and healthful climate. The writer recently availed himself of an invitation to visit Dr. Wm. R. Hayden, at his home, Bedford Mineral Springs, Mass. This ideal natural park is situated sixteen miles from Boston, on the Lowell division of the Boston & Maine Railroad. At the station I met Dr. Hayden, who had just returned from a morning visit to "The Hub." The years sit lightly on the doctor's brow, and he evinces all the energy and determination of a man of thirty. His plans for the improvement of his estate are comprehensive and thorough, embracing the construction of miles of carriage roads, the blasting of rocks, and the building of numerous pavilions, houses, etc. Bedford Springs is the private property of Dr. Hayden. When you alight at the depot you are upon his grounds which comprise about two hundred acres of fine rolling woodland and meadow, and a lake of a mile in circumference, which is fed by three springs that are located upon its shores. One of these springs is chalybeate, one sulphur, and the other a delightful "sweet water." Upon the summit of a wooded hill overlooking the lake is a large rambling structure, which has done duty as a hotel for some years. Its broad piazzas and breezy halls are a favorite resort for those who have been fortunate enough to discover this cool and quiet retreat. It is Arcadia pure and simple, with all the advantages of healthful location and easy access. At the foot of the hill, and midway between the hotel and railroad station, on the shore of the lake, Dr. Hayden has placed his residence. A substantial structure of slightly mediævial style, picturesque yet spacious and elegant in its polished hard-wood floors and

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fittings, it is a home which is in keeping with the manorial character of the estate. Within a short distance from the residence are the laboratories where Dr. Hayden manufactures his celebrated specialties, Hayden's Viburnum Compound and his Uric Solvent. Both articles are too well known and extensively used by the medical profession to require description. Perhaps no manufacturer of pharmaceuticals has ever received so many unsolicited testimonials from the profession. I noticed in my inspection of his laboratory that the utmost neatness and thoroughness was displayed in all details. In addition to the manufacture of the aforementioned specialties, Dr. Hayden also produces a line of "saturates" which are remarkable for their true representation of the drug. These preparations are similar to, but not identical with, the fluid extracts of the United States Pharmacopœia. They appear to have been made from carefully selected material, gathered at a proper season, and so manipulated that the extract retains for years all the odor and character of the fresh drug. It is this thorough and intelligent attention to detail that has added much to the excellence of Dr. Hayden's preparations, and to the favor with which they are everywhere received. No one can visit Bedford Springs without pleasure, and if the visitor is fortunate enough to meet Dr. Hayden he will receive an impression of a genial and liberal hospitality which will always be a pleasant remembrance—*Jour. of Balneology.*

Pilocarpin in Edema of the Glottis.—At a meeting of the French Society of Otology and Laryngology, Dr. Suarez de Mendoza, reported a case in which he was called to see a young man who had been attacked by serious edema of the glottis. Tracheotomy had been proposed to relieve the suffocation, but Suarez de Mendoza, seeing a narrow slit was visible during inspiration, suggested that pilocarpin should be tried. Three hypodermic injections were given at intervals of twenty minutes, the total amount of pilocarpin administered being 25 miligrammes. Marked relief followed the first injection and fifteen minutes after the third the patient was breathing easily and was entirely out of danger. In eight days he was quite well.—*British Medical Journal,* May 16, 1891.

Wait Until They See the Christmas Herald.

St. Louis, Mo., Nov. 21, 1891.

Medical Herald Co., St. Joseph, Mo.—*Gentlemen*:—We write to express our appreciation of your November issue. Artistic in its mechanical features, and sparkling with literary matter of the freshest and most advanced character, it can not fail to intensify its hold on its old readers, as well as make almost irresistable bids for new ones, when it falls into strange hands. Of your personal treatment of our Antikamnia, it is only a repetition of past courtesies, but we do feel that we owe you an exceptional acknowledgement for copying the little personal on Dr. Lewis and the *Fortnightly M. D.* from our journal: *Notes on New Pharmaceutical Products.* Wishing you many reciprocal returns from all quarters, we are,

Sincerely yours,

The Antikamnia Chemical Co.
Frank A. Ruf, Sec and Treas.

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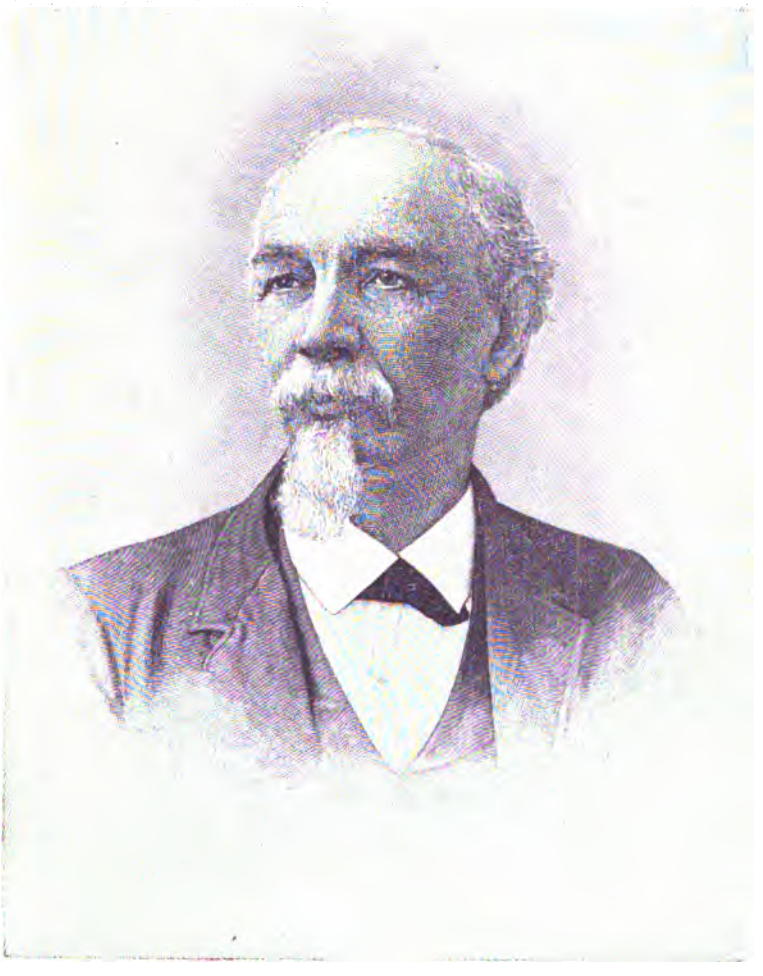

Fraternally Yours.

W. W. Hayden, M. D.

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A. McDANNOLD,
SAINT LOUIS.

ENGRAVED EXPRESSLY FOR THE CHRISTMAS HERALD, BY THE SANDERS ENG. CO., SAINT LOUIS.

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Society Calendar.

MISSISSIPPI VALLEY MEDICAL ASSOCIATION—Sessions annual. Meeting place, migratory. Dr. Chas. A. L. Reed, president, Cincinnati; Dr. E. S. McKee, secretary, Cincinnati. Next meeting in 1892, at Cincinnati, O.

NORTHEASTERN KANSAS MEDICAL SOCIETY—Sessions quarterly. First Tuesday in December, March, June and September. Meeting place, migratory.

KANSAS STATE MEDICAL ASSOCIATION—Sessions annual. Next meeting at Fort Scott, May, 1892. J. E. Oldham, M. D., Wichita, president; W. S. Lindsay, M. D., Topeka, secretary.

MISSOURI STATE MEDICAL ASSOCIATION—Sessions annual. Next meeting May, 17, 1892, at Pertle Springs. President, T. F. Prewitt, M. D., St. Louis; secretaries, Dr. L. A. Berger, Kansas City, and Dr. J. H. Duncan, Kansas City.

NEBRASKA STATE MEDICAL SOCIETY—Sessions annual. Next meeting May —, 1892, at Omaha. Dr. C. Inches, president, Scribner, Neb.; Dr. M. L. Hildreth, secretary, Lyons, Neb.

TEXAS STATE MEDICAL SOCIETY—Sessions annual. Next meeting at Tyler, April, 26, 1892. W. H. Wilkes, M. D., president, Waco; H. A. West, M. D., secretary, Galveston.

ARKANSAS STATE MEDICAL SOCIETY—Meets annually. Next meeting at Little Rock, June 2 and 3, 1892. President, J. S. Shibley, M. D., Paris; secretary, L. P. Gibson, M. D. Little Rock.

IOWA STATE MEDICAL SOCIETY—Sessions annual. Next meeting April 15, 1891, at Waterloo. J. M. Emmert, M. D., president, Atlantic; C. F. Darnall, M. D., secretary, West Union.

GOLDEN BELT DISTRICT MEDICAL SOCIETY—Sessions quarterly. First Thursday in January, April, July and October. Annual meeting in April. Dr. W. B. Dewees, president, Salina, Kas.: Dr. F. D. Brown, secretary, Salina, Kas.

NORTHERN KANSAS MEDICAL SOCIETY—Sessions held semi-annually in November and May. Place of meeting Seneca. Dr. R. Hawkins, president, Seneca, Kas.; Dr. M. M. Wachter, secretary, Baileyville, Kas. Annual meeting in May.

EASTERN KANSAS MEDICAL SOCIETY—Sessions quarterly. Meets second Tuesday in January, April, July and October. Meeting place migratory. Dr. L. L. Terwelleger, president, Lansing, Kas.; Dr. R. S. Magee, secretary, Topeka, Kas.

MISSOURI VALLEY MEDICAL SOCIETY—Sessions semi-annual. Third Thursday and Friday of September and March. Meeting place, migratory. Dr. J. M. Richmond, president, St. Joseph, Mo.; Dr. F. S. Thomas, secretary, Council Bluffs, Iowa. Annual meeting in September.

NORTHWEST MISSOURI MEDICAL SOCIETY—Sessions quarterly. Meets second Thursday in January, April, July and October. Always at St. Joseph. Annual meeting in April. Dr. J. A. McKinnon, president, Maysville, Mo.; Dr. Fannie Groat, secretary, St. Joseph, Mo.

KANSAS CITY DISTRICT MEDICAL SOCIETY—Meets first Thursday in September, December, March and June. Convenes always at Kansas City. Annual meeting in September. Dr. P. H. Chambers, president, Lexington, Mo.; Dr. E. W. Schauffler, secretary, Kansas City, Mo.

GRAND RIVER MEDICAL SOCIETY—Sessions semi-annual. Annual meeting in Chillicothe, the first Thursday and Friday in June. The semi-annual, the first Thursday and Friday in December. Place of meeting is migratory. Dr. D. F. Hanna, president, Gallatin, Mo.; Dr. W. L. Brosins, secretary, Gallatin, Mo. (The December meeting for 1891 will be held in Laclede, Mo., Dec. 3 and 4, 1891.

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Personalities.

Dr. D. H. Sherwood has gone to the Pacific coast for the winter.

Dr. H. G. Neenan has been appointed resident physician at the Ensworth Hospital.

Dr. A. H. Ohmann-Dumesnil, of St. Louis, was recently married to Mrs. Lillie P. Beecher.

Dr. Wm. Swent, of Bancroft, Mo., spent a few days in the city last month, visiting the doctors.

An English physician, Dr. Bright, of Bournemouth, recently died from an over-dose of cocaine.

Mr. John L. Carnaham, of Pleasanton, Kan., has removed to Kansas City and opened a drug store.

Dr. Paul Thorndyke, of Boston, will marry Miss Rachael Sherman, daughter of the late general, next month.

Prof. Jacob Geiger will be found at his St. Louis office, Grand and Washington Avenues, every Friday during the winter.

Dr. E. C. Wendt, of New York, has gone to Europe and will report on the various health resorts of the old country for the *Medical Record*.

Louis M. Maus, Captain and Assistant Surgeon, is relieved from duty at Whipple Barracks, Arizona, and ordered to Fort Apache, Arizona, for duty.

Among the visitors to St. Joseph recently, The Herald notes Doctors M. S. Mc Graw, Holton, Kan., R. B. Northrup, Palco, Kan., and Mrs. Dr. Steiner, of Siloam.

Dr. Beaumont, late of Richmond, Mo., has located in this city, forming a partnership with Dr. Simmonds. Their office is in the German-American Bank building.

Dr. Nicholas Senn, Professor of Surgery, Rush Medical College, Chicago, Ill., favored this city with a flying visit on the 24th ult., calling upon a few of the prominent physicians.

Holekamp, Grady & Moore Instrument Co., (successors to Leslie), St. Louis, report business very good, especially on their Vaseline Automisers, to which we call attention on page 9, this issue.

W. K. Vanderbilt pays his physician $10,000 for accompanying him on a six weeks' trip to Europe. Who would not be willing to risk a few weeks of England's atmosphere under similar circumstances?

Dr. Benjamin Brooke, first lieutenant and assistant surgeon, U. S. A., at Fort Riley, Kan., has been transferred to Fort Leavenworth, and will be succeeded by Dr. Frank R. Keefer, late of Leavenworth.

Charles Richard, Captain and Assistant Surgeon, is relieved from duty at Fort Logan, Colorado, and will report in person to the commandant of the Military Prison, Fort Leavenworth, Kansas, for duty.

Dr. J. V. Gaff (Ensworth, '89) has removed from Shedd to Albina, Portland, Oregon, where he is meeting with success in his practice, having formed a partnership with Dr. Fisher of that place. Dr. Gaff says in renewing his subscription that he can't get along without the Medical Herald.

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Mellin's Food

FOR INFANTS AND INVALIDS.

A SOLUBLE DRY EXTRACT, prepared from Malted Barley and Wheat, consisting of Dextrin, Maltose, Albuminates, and Salts.

The SUGAR in MELLIN'S FOOD is MALTOSE. MALTOSE is the PROPER SUGAR for use in connection with cow's milk.

The sugar formed by the action of the Ptyalin of the Saliva and the Amylopsin of the Pancreas upon starch is MALTOSE. In the digestive tract MALTOSE is absorbed UNCHANGED.

— Landois and Sterling.

MALTOSE is a saccharose, not a glucose, and is a form of sugar which does not ferment.

— Materia Medica and Therapeutics, Dr. Mitchell Bruce.

"I have never seen any signs of fermentation which I could attribute to the influence of MALTOSE."

— Eustace Smith, M.D., F.R.C.S.

MELLIN'S FOOD, prepared according to the directions, is a true LIEBIG'S FOOD and the BEST SUBSTITUTE for Mother's Milk yet produced.

IT REQUIRES NO COOKING.

THE DOLIBER-GOODALE CO.,
BOSTON, MASS.

PEPTOGENIC MILK POWDER::::

Yields the Only Substitute for Mothers' Milk

Which conforms to the present status of knowledge of the composition of cows' and human milk, and the physiology of infant digestion—the only food which conforms to the universally accepted postulate that the best artificial food for an infant is that which in the highest degree resembles mothers' milk.

The pivotal feature of this process is the physiological conversion of the caseine by a digestive ferment, an expedient far more effective and convenient than any hitherto devised, and which makes possible the quantitative and qualitative modifications of cows' milk to a correspondence with human milk, as indicated by the results of comparative analyses.

We submit the Peptogenic Milk Powder and method solely upon this ground, as a scientific, practical and successful method of modifying cows' milk to the known composition of human milk.

Upon this ground we ask the attention of every physician interested in providing a food for infants deprived of breast milk.

Samples and complete information, sent upon demand.

FAIRCHILD BROS. & FOSTER,

No. 82 AND 84 FULTON STREET.
NEW YORK CITY

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News and Miscellany.

INFLUENZA has reappeared in Vienna.

EXIT Volume X; Welcome Volume XI. ($2.00 will do it.)

A PASTEUR INSTITUTE has been established at Saigon Cochin, China.

NOTICE the list of St. Joseph's leading apothecaries on another page.

A PENSION fund for American nurses is one of the latest in the East, and a deserving cause it is.

THE WOMAN'S MEDICAL COLLEGE, of St. Louis, is the outgrowth of the Rachael College of Obstetrics and Nursing.

BAD COLDS are prevalent at this season, due no doubt to sudden changes of diet—from flannel to buckwheat cakes.

BEGINNING with next issue, THE MEDICAL HERALD will publish a regular monthly Paris letter from a special correspondent.

THE thermometer is an invaluable aid in diagnosis and prognosis, giving exact information that can not be obtained in any other way.

DR. KEELY, of "bichloride of gold" fame, returned from Europe to find himself defendant in a $10,000 damage suit instituted by a Chicago doctor, who claims Keely *mis*represented him as a reformed drunkard.

THE new substitute for Cod Liver Oil, "Terraline" is obtaining much favor in the East, and is bound to meet with good results wherever tested. On another page will be found the testimony of a score of the Capitol's leading physicians, whose judgment cannot be doubted.

THE SECRETARY OF THE IOWA STATE BOARD OF HEALTH has made an official announcement that habitual inebriety on the part of a medical practitioner shall be held as "palpable evidence of incapacity," rendering the delinquent liable to the revocation of the certificate entitling him to practice in the State of Iowa.

KNEW HIS BUSINESS.—Mr. Laman—Why do you always question patients so closely about what they eat? Does the information you get help you to diagnose their case? Doctor Emde—Oh, no! But by doing so I am enabled to guess what their station in life is, and how much fees I can probably get out of them.—*Puck.*

THE INTERNATIONAL CONGRESS AT ROME.—Medical men of Chicago and St. Louis will charter a vessel and attend the Roman Congress. The vessel is to have a capacity of four hundred passengers, and the trip will last six weeks. Several places in the Mediterranean will be visited. Dr. N. Senn, of Chicago, is president of the association which is undertaking this project.

DOCTOR AND PREACHER.—

Parson and doctor joined in one
  Most suitably we find:
The one the suffering body treats,
  The other soothes the mind.
The parson shows the way to heaven;
  And then, with tender care,
The doctor consummates the work,
  And gets the patient there.

—*Medical Age.*

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Maltine

WITH

COD LIVER OIL

A combination of the best Norwegian Cod Liver Oil with MALTINE, in which, by the vacuum process, rancidity is prevented and disagreeable odor and taste of the oil removed.

Base a Powerful Reconstructive

Contains No Inert Emulsifier

Does not disturb Digestion nor offend the Palate

Is an active Starch Digester and Tissue Builder.

Produces rapid Improvement in Appetite.

Is used where "Emulsions" cannot be tolerated.

A complete list of the Maltine Preparations and their formulæ will be sent on application.

THE MALTINE MANUFACTURING CO.

(Please mention this Journal.) New York, N. Y.

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THREE dollars given away. Consult our advertising pages for it.

DOCTRESS DILLON, of Alabama, has the honor of being the first colored female M. D. in this country.

A SPLENDID Christmas present may be found on the page occupied by the Holloway Co., showing their well-known reading stand. You need one, doctor.

WITH Major John L. Bittinger at the editorial helm, Jay P. Knight on the "business end" the *St. Joseph Daily Herald* is taking front rank with Missouri's great newspapers.

DOCTOR, whenever you prescribe wine or brandies for your patients, specify "California Wine Co.'s goods," as their uniformity and excellent qualities may always be depended upon.

THE OMEGA PHI SOCIETY OF THE ST. LOUIS COLLEGE OF PHARMACY, is the title of a new pharmaceutical organization, which will be formed annually by the graduates of the above named institution.

ON another page will be noticed the card of Underwood & Co., for their celebrated mineral waters. A trial of the product of this spring will convince even the most skeptical of the virtues of the water.

DON'T ALL SPEAK AT ONCE.—Some doctor in Denver, Colorado, sends THE MEDICAL HERALD two dollars and a subscription blank, but neglects to sign his name, probably forgotten in his anxiety to secure the free Christmas number, which will gladly be forwarded as soon as we learn his name.

COLWOOD, MO., NOV. 12, 1891.—EDITOR MEDICAL HERALD. *Dear Doctor*—If there is a good physician in your town that wants a good country practice, tell them to correspond with me for particulars. Respectfully,

W. M. OVERFELT, Druggist.

DR. M. CHAPER, Grenoble, France, says: "I have never known a soporific so efficacious as Bromidia, except morphine, and morphine is not so agreeable, and has inconveniences which I have not discovered in Bromidia. I have used this latter preparation frequently, and it has never failed in producing the desired effect.

EPILEPTIC CASE OF LONG STANDING—In an epileptic case of long standing I used Peacock's Bromides with excellent results, the intervals between the attacks have been greatly lengthened and their violence much lessened. I regard Peacock's Bromides as a superior preparation, and shall continue to use it in cases where it is indicated. J. D. WALLACE, M. D. Dade City, Fla.

MASSILLON, Ohio, Sept., 14, 1891. Antikamnia Chemical Co., St. Louis, Mo.: GENTLEMEN:—"In the characteristic and excruciating frontal headache accompanying Influenza, I immediately prescribe Antikamnia in five or six grain doses, repeated once in one or two hours, with the happiest results. I have learned to look upon it as almost a specific in counteracting this form of pain." The above is an extract from an article on Influenza read by me before the "Stark County Academy of Medicine," at Canton, O., Sept., 1, 1891. Yours respectfully, D. S. GARDINER, M. D.

TWENTY-SEVEN years ago last June Imperial Granum was recommended to us by one of the leading physicians of Cincinnati, for a child whose life had been despaired of. We believe it saved the child's life, and it has been one of the articles necessary to have in the house ever since that time, and we have found it equally efficacious for the invalid and aged. It has steadily increased in popularity during all these years, and is to-day commended in the highest terms by leading physicians all over the world. There is probably no article on the market that receives so much care and attention in every detail of manufacture.—*The Christian at Work*,

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The Prescription Case.

Contributions for this department solicited from our readers.

ST. JOSEPH'S enterprising druggists are represented in this issue of the HERALD.

EUCALYPTUS BRANCHES are placed in Victoria under the beds of patients confined with infectious diseases, for the purpose of disinfecting the bedding and air of the room.

HALVIVA, a proprietary remedy sold in England as a quinine substitute, is claimed by the manufacturers to be prepared solely from kreat, the dried plant of Andrographia or Justicia paniculata.

GLYCERINE IN BURNS.—Grigorescu says that the application of pure glycerine to a burn relieves effectually and promptly the pain, and also favors a rapid healing. The sooner the application is made after the burn has been received, the more noticeable are the results. At first a slight smarting is felt, but this soon passes off and is succeeded by an almost entire freedom from pain.

A DRUG EXPLOSION.—A student of pharmacy in Hesse was called upon to put up a prescription containing a twenty per cent. solution of chromic acid, salicylic acid, and alcohol. He put the crystals of chromic acid directly into the alcohol, whereupon an explosion took place, and the unfortunate student was severely burned in the eyes.

WOMEN APOTHECARIES IN RUSSIA.—The Russian Ministry of Education has recently sent a circular to all educational and medical commissions of the empire, informing them that every woman who has finished a course of a higher education may be engaged as a pharmaceutical apprentice in a drug store, and, by successive professional examinations, may attain the degree of "provisor," and become a pharmacist with the same rights and privileges as a man.

A REMEDY FOR HEADACHE.

℞ Antikamnia	gr. v.
Roasted Coffee	gr. v.
Caffeine	gr. i.
Salicylate of Sodium	gr. ii.

FOR THE Prevention of Dental Caries:—

℞ Tannic acid	75 grains
Tincture of iodine	1 drachm
Tincture of myrrh	1 drachm
Iodide of potassium	15 grains
Rose Water	6 ounces

M. Ft. solution. Sig—A teaspoonful in a wineglassful of hot water as a mouth-wash.—*Medical News.*

ACUTE RHEUMATIC ATTACKS.

℞ Salicylic Acid	ʒ iij.
Sodium Bicarbonate	ʒ ij.
Elixir of Gaultheria	ʒ i.
Spts. Vini. Gal	ʒ i.
Antikamnia	ʒ ii.
Water, sufficient to make	ʒ iv.

M. Sig.:—Dose, one fluid drachm every hour or two.

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World's Fair Items.

THE Missouri Commissioners met in St. Joseph, December 1st.

AN artificial human heart of mammoth proportions will be one of the attractions in the Anatomical Museum.

THE Department of Electricity is making an effort to secure a complete collection of historical electrical apparatus, in order to show the progress of the science from early times.

MR. SELL, the London advertising agent, has applied for space to exhibit specimens of all of the leading newspapers of the world which have been printed during the last two centuries.

MEXICO has made a World's Fair appropriation of $50,000. This is only preliminary, however, and it is fully expected that the whole of the $750,000, which were asked for, and perhaps more, will be voted.

AMPLE restaurant accommodations are to be provided at the Exposition grounds. The locations for restaurants thus far decided upon are four in the Mines and Mining Buildings, sixteen in the Manufactures Building, and six on the esplanade in front, four in the Electricity Building, and two in the Woman's Building. Some are on the ground floor and some in the galleries.

MEDICINE AT THE WORLD'S FAIR.—The Medical Director of the World's Fair, Dr. John E. Owen, says that women physicians shall receive official recognition upon the medical staff, and share the duties of the exhibition hospital. We look forward with interest to Dr. Owen's Exhibition Hospital, with its exhibition staff of male and female doctors. The *Medical Record* says that we may expect about 732 cases of hysteries, 197 syncopes, 11 deaths, and 3 births. This will be enough to make the hospital interesting as an exhibition.

THE double-headed boy has been on exhibition in New York City for the past month, and appears to be a fine, bright, well-developed youth of eighteen years, and attached to the extremity of his sternum is the incomplete figure of a twin. The arms are given out, with scapulæ, from the sternum of the young man. The trunk is short and incomplete, but it terminates in a pelvis with which the legs are connected. There would seem to be no separate heart in the parasite, and the pulse. both radical and auxillary, is synchronous with that of the autosite. There is anchylosis of the joints in the undeveloped child. The young man is conscious of a sensation when this second body is roughly touched. It is said to be the opinion of competent surgeons who have examined the boy that the parasitic growth could be removed without serious injury to him. He will be exhibited to the medical profession, at the World's Fair.

EXPERT engineers are working upon the drainage problem in connection with the Exposition grounds at Jackson Park. As a result of calculation in the Construction Department, a somewhat new plan will be adopted for taking care of World's Fair sewage. All the offal, conveyed through underground pipes, will run into four large tanks at the southwestern portion of Jackson Park. These tanks are to be thirty feet in diameter and forty feet deep. The novel feature connected with the plan is that the sewage deposited in the tanks is to be treated chemically, and the Construction Department believes that the water flowing from them after the chemical treatment will be almost pure and wholesome. So far as is known a similar treatment has never been adopted, except at Berlin, Germany. There the method has been found to work with satisfaction. If equally successful at Chicago the waters of the lake will not be polluted by the drainage from the Exposition grounds.

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Medical Ode.

I'm going into partnership
With a lovely young M. D.;
She brought me safely through the grip,
And now she'll marry me.

She'll keep her practice as before,
She's wise in everything;
And as for me—I'll tend the door
And do the marketing! —*Med. Record.*

As a lady entered a crowded street car the other night an old man holding a little boy on his lap arose and offered her his seat. "Oh, no, keep your seat, thank you," replied the lady, "and hold your boy." "Oh, that's different," replied the old man, who was slightly deaf. "I had to stand up five days once myself with a boil. I'm sorry for you." And he resumed his seat amid the roar of laughter which followed.

Amateur Surgery.—A boy, while gathering white heather, had the misfortune to be bitten by an adder, and fearing evil consequences from the bite determined to amputate the finger bitten. This he at once essayed to do with his pocket-knife, but having no previous knowledge of anatomy could not get the finger off as he wished. At last he managed to get into the joint, and with a courage that did him credit amputated the finger in a way, and having done so proceeded to a medical practitioner to have the finishing touches put to it. This was done by Dr. Somerville Galashiels, and so far no evil results have followed the rude operation performed by the adder or the boy.—*Medical Record.*

The last work of the distinguished writer, Dr. J. Milner Fothergill, was the article on "The Urinary Diatheses," to be found in Keating's Cyclopaedia of the Diseases of Children. In the treatment of these cases, he calls attention to the diet as most important. "In enumerating the causes which encourage and foster the continuance of the uric-acid formation, we must bear in mind the food customs of to-day. * * * Mal-assimilation is the starting point. The defective organism is defective because its assimilative organs lack power. The system fails to outgrow or rise above the uric-acid formation which is normal at the threshold of life. * * * It is not what is swallowed, but what is assimilated, that nourishes. * * * A pint of milk well boiled, with a tablespoonful of Mellin's Food, is a capital food for a child or adolescent of the uric-acid formation.

Dr. Jones's Case of Fever is likely to become historical. It was reported verbally before the Memphis Medical Society in May last. The doctor now gives us the written details in the *Memphis Medical Monthly*. The patient was a girl of fifteen, who had an attack of tonsillitis, during which she gained some experience with the clinical thermometer. After recovering from the tonsillitis, she was found one day to have a temperature of 109° F. During the next seven days her temperature ranged between 97½° and 152° F. The pulse never was above 120, and the fever did not appear to cause any serious discomfort. The temperatures noted at various times were 115°, 111½°, 138½°, 130° F. The temperatures were taken in the mouth, rectum and axilla. A special Chicago thermometer was used, which like the other thermometers was eventually broken. It is difficult not to believe that the temperatures were caused by mechanical munipulation. Dr. Jones runs a pretty sharp race for the hyperpyrexia record with Dr. W. I. Galbraith, but the latter is as yet ahead, for his patient got up a fever of 171° F. But then she was twenty-three years old and married, while Dr. Jones's girl was only fifteen. We note that the effete monarchies of Europe can only produce records of a temperature of 114° F.—*Medical Record.*

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NOTICE the new advertising pages in this issue

OUR PHOTOGRAPH STUDIO.—IN this issue THE MEDICAL HERALD presents photo-engravings of a few noted manufacturers, along the professional lines, believing that its readers will appreciate a glimpse at the faces of their co-laborers in the field of science. Others will appear from time to time.

PLAIN TALKS TO PHYSICIANS.—What would be thought of a lawyer with an important case in hand who would take no measures to secure the presence of his most important witness on the day of his trial; or the soldier, who, with the most approved weapons, was careless of his ammunition. Theirs would be short careers. And yet the physician with life dependent upon his efforts, equipped with a thorough medical education, with a full appreciation of the case in hand, and who, with reliable drugs could effect a cure, often prescribes his remedies with no knowledge of their maker, and therefore of their quality. Is this common sense or common prudence? Do you purchase your hat or your coat after this fashion? Certainly not; then why your medicines? Have you ever thought of it in this light, Doctor? You must know that there are reliable and worthless pharmaceuticals. Your druggist may be perfectly honest in his own convictions that his stock is reliable, but too few pharmacists ever test the quality of the drugs purchased. Many are influenced to sell an inferior quality through the greater margin of profit in it. The only safe rule is to specify, in prescribing, the product of the manufacturer that you know to be absolutely reliable, and see that your request is carried out, and that your druggist keeps in stock the products that you want.

Parke, Davis & Co. claim that their facilities for securing the highest quality of drugs and their preparations are unequalled, They guarantee every unopened package from their laboratory absolutely as represented. Regarding some of their products they make the following terse statements:

Anodyne Pine Expectorant, P., D. & Co., is a most efficacious combination in pulmonary and bronchial troubles.

Pepsinum Purum in Lamellis, P., D. & Co., is the standard pepsin.

Soluble Elastic Capsules of Cod-liver and Castor Oils, P., D. & Co., are acceptable to any patient.

P., D. & Co.'s Cocaine Case Improved is very convenient.

Cascara Cordial, P., D. & Co., is an agreeable remedy where a laxative is suggested in the treatment of constipation.

Fluid Extract Ergot, P., D. & Co., is the most reliable fluid extract of this drug.

Normal Liquid Ergot, P., D. & Co. is always uniform and absolutely reliable.

Nitrite Amyl Pearls, P., D. & Co., are effective in angina pectoris, spasmodic asthma, syncope, etc.

Pancreatin, P., D. & Co., is concentrated, uniform and effective.

Sugar Test Flasks, P., D., & Co., are a great convenience in the examination of urine.

Fluid Extraca Licorice, Fluid Yerba Santa Aromatic, P., D. & Co., for disguising quinine, are the most satisfactory preparations in the market.

Warburg's Tincture, Special, P., D. & Co., is valuable in malarial affections.

Coca Cordial, P., D. & Co., is a palatable remedy in nervous diseases.

Mosquera's Beef Meal, P., D. & Co., is the best concentrated food; easily digested.

Elixir Succinate of Iron, P., D. & Co., is the most desirable form in which to administer iron.

Mosquera's Beef Jelley, P., D. & Co., is better than any beef extract.

Mosquera's Beef Cacao, P., D. & Co., is just the thing for the convalescent.

Syrup Trifolium Compound, P., D. & Co., is a valuable alterative.

Malt Extract with Cod-liver Oil, P., D. & Co., is palatable, permanent and effective.

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Publishers' Bureau.

MEDICAL HERALD COMPANY, - - - - PUBLISHERS.
CHAS. W. FASSETT, - - - - BUSINESS MANAGER.

PUBLISHING HOUSE, CORNER SIXTH AND CHARLES STS. | SAINT JOSEPH, MISSOURI. TELEPHONE No. 196.

ALL matter pertaining to this department, or concerning advertisements, to insure prompt attention should be addressed to the Business Manager . . . . . .

(THE HERALD'S circulation being among a class of physicians who PAY THEIR SUBSCRIPTIONS (and consequently READ each issue), this journal naturally offers the best opportunity to those advertisers who desire to reach the thrifty and progressive practitioners of the West and South.)

THIS DEPARTMENT will be devoted to such notices and comments as the Business Editor may feel inclined to make of deserving and meritorious preparations, and such items of news concerning new goods as will prove interesting to our readers. Practitioners are particularly requested to send us brief facts concerning the success of preparations advertised in THE HERALD, as demonstrated in their practice, and we will always be glad to give space in our Original Department for extended reports of clinical cases. Practices for sale, or notices of removal, not exceeding ten lines, will be inserted FREE three times for subscribers. Always state reasons for selling.

THIS Journal is on file at the following agencies, where advertising may be placed at our regular rates, and we invite Eastern Pharmacists to call and examine THE HERALD carefully:
J. H. Bates, 38 Park Row, New York; H. C. Hall, Cincinnati, Ohio; N. W. Ayer & Son, Philadelphia, Pa.; Geo. P. Rowell & Co., 10 Spruce St., New York; J. Walter Thompson, 39 Park Row, New York; Dodd's Advertising Agency, Boston, Mass.; King's Advertising Agency, New York; C. H. Guild Boston; Fairchild & Co., New York; Robinson-Baker Adv. Bureau, New York; Sell's Agency, London, England

IF YOU wish to advertise anything anywhere at any time, write to Geo. P. Rowell & Co., No. 10 Spruce street, New York.

CHATTANOOGA, Tenn., Oct, 16th, 1880. S. BAKER & Co., GENTLEMEN:—I have used your preparation of Rose's Peptonized Beef in a number of cases characterized by lack of assimilative power on the part of the digestive organs and I have no hesitation in attributing the marked improvement which took place in the several cases to its continued use. I have also used it mixed with *hot* milk given at hourly intervals in case of acute alcoholism and have therefrom seen the natural and useful sleep which ensued on the resumption of the abortive functions of the stomach under the physiological stimulus of the Peptonized Beef in contact with its walls. For nutritive enema it is the ideal preparation.

Yours respectfully, R. T. ISBESTER, M. D

THEOBROMA.—The ancients understood what a delicious article the product of the cocoa bean was, for when they came to name the tree, they called it Theobroma, or God's food. This is certainly a wonderful tribute to the early knowledge of this now so justly famous article of diet. A peculiar fact in reference to the growth of this article of commerce is that upon the same tree all at once, are found bud, blossom and fruit, and this process continues all the year round. It is true, however, that there are two seasons when a specially large and choice crop is gathered; in June and December. The fruit is allowed to sweat or ferment for a time and is then dried and shipped to Holland, where the best beans are used by Van Houten & Zoon, of Weesp, to make the most delicious and healthful cocoa that is sold on the European and American markets. The problems of making this luxuriant, rich and fatty bean a healthful article of diet were many and difficult, but they were most successfully solved by Mr. C. J. Van Houten, who is the inventor of soluble cocoa, and his process is still by far the best in producing a healthful cocoa, easily assimilated and at the same time most delicious in flavor and aroma. Van Houten's Cocoa, "best & goes farthest," has become a household word in America as well as all over Europe, and wherever it is once tried, it is used always.

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I HAVE used Ponca Compound for many cases of Dysmenorrhœa with most satisfactory results, and I should not wish to be without that remedy. L. Sutton, M. D., West Newton, Westmoreland County, Pa.

THE Phosphates of Iron, Soda, Lime and Potash, dissolved in an excess of Phosphoric Acid, is a valuable combination to prescribe in Nervous Exhaustion, General Debility, etc. Robinson, Pettet & Co's. Phosphoric Elixir is an elegant solution of these chemicals. See page 7.

WE PRESCRIBED Tongaline for a patient who had been suffering from Neuralgia of the Kidneys for five years, and after having taken the preparation for ten days, he feels better than at any time since the commencement of the trouble. Drs. Spear & Hollis, Midland City, Ala.

PENTAL.—According to the *British and Colonial Druggist*, this name has been given to a new anæsthetic. "It is produced in Germany, its inventor being Professor von Mering, Director of the Medical Policlinic in Halle, who chose the name he has given it owing to the circumstance that it contains five carbon atoms. It is very volatile and easily combustible. It can, it is said, be administered exactly like chloroform, and the quantity required each time need cost no more than 6*d*. Anæsthesia sets in after three or four minutes, rarely later. It is not deep, but suffices to render small operations, as the extraction of teeth, painless. It is neither accompanied nor followed by any unpleasant effects."

IN CONVALESCENCE.—The lack of suitable foods for convalescents from severe illness, and in the treatment of typhoid and other low fevers is often felt by the practical physician. Milk while of very great use often cannot be taken, and often causes trouble on account of the indigestibility of the casein. The various beef extracts are more stimulating than nourishing, and the majority of prepared foods offered are either unpleasant to the taste, or difficult of digestion, and unsuited to the needs of the case. In such cases Malted Milk will form a very welcome addition to the dietary of the sick room. The basis of this food is pure, fresh, sterilized milk, in which the casein is rendered digestible by the action of the plant pepsin produced by a special method of malting the cereals originated by the manufacturers. It is pleasant to the taste, simply prepared by dissolving in water, no cooking being required, and will be retained and assimilated in many cases when all other foods fail.

GOUTY DIABETES—This rather complicated condition is one which requires great care in its therapeusis, and its treatment is frequently of a prolonged character. Many methods have been proposed with more or less success attendant upon their application. One of the best that has been devised is that of Dr. Martineau, of Paris, who has definitely cured 67 out of 70 cases in the past twelve years. Dr. Dujarin-Beamitz has also recommended and even adopted this treatment, in which they have employed carbonate of lithium and arsenic in such manner as it is combined and manufactured by Enno Sander, whose formula is as follows:

℞ Lithium bicarbonate.....gr. 5.514
Sodium arseniate.....gr. 0.100
Carbonic water.....ʒ 16.00 M.

This quantity, which is the contents of one bottle, should be taken, mixed with claret wine, at three successive meals. The diet need not be restricted, with the exception of starch, sugar and fruit. The latter articles should be prohibited, but in so far as the rest of the diet is concerned, considerable freedom may be permitted. In taking the water care must be exercised to drink it either during or immediately after eating, although it is a better and preferable method to take it during the course of the meal. The addition of the carbonic water renders the remedial agents less irritating to the stomach and also adds to its palatable qualities.

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